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ABSTRACT

There is growing consensus that when substance abuse prevention efforts reach children at an early age, they hold promise for reducing abuse in later years. This 87-item annotated bibliography on substance abuse prevention, developed by the National Program Office of Free to Grow in collaboration with the National Center for Children in Poverty, provides readily accessible information to Head Start grantees, and to the broader Head Start and early childhood communities. Materials are annotated in the following areas: (1) alcohol, tobacco, and other drug abuse prevention research and evaluation; (2) prevention strategies for youth, families, and communities; (3) community organizing strategies; (4) family support, parenting, and parent leadership; and (5) effects and treatment of alcohol, tobacco, and other drug problems. The materials selected for this bibliography emphasize practice over theory, are prevention-oriented rather than focused on treatment, and exclude clinically oriented materials. Materials were published within the past 10 years and are available from a publisher, distributor, or library. Included in the entry for each item are publication and purchasing information and a summary of the item's content. The bibliography concludes with an author/title index and a subject index to facilitate material location. (KB)

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BUILDING BRIGHT FUTURES:
AN ANNOTATED BIBLIOGRAPHY ON SUBSTANCE ABUSE PREVENTION FOR FAMILIES WITH YOUNG CHILDREN

Carole J. Oshinsky
Barbara Goodman
with Tryon Woods and
Marjorie A. Rosensweig

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Free to Grow
Head Start Partnerships to Promote Substance-Free Communities

NATIONAL CENTER FOR CHILDREN IN POVERTY

Free to Grow: Head Start Partnerships to Promote Substance-Free Communities

The National Program Office of Free to Grow (FTG) was established in 1993 at the National Center for Children in Poverty, Columbia University School of Public Health, under the direction of Judith E. Jones with funding for five years by the Robert Wood Johnson Foundation (RWJ). FTG is designed to increase the capacity of Head Start programs to work with families and communities to reduce children's vulnerability to later substance abuse. The National Program Office works directly with grantees funded by RWJ to develop, pilot test, and implement substance abuse prevention models: ASPIRA, Inc. de Puerto Rico, Rio Piedras, Puerto Rico; Audubon Area Community Services, Inc., Owensboro, Kentucky; Charles Drew University Head Start, Compton, California; Community Partnership for Child Development, Colorado Springs, Colorado; and Fort George Community Enrichment Center, Inc., New York, New York. (Concerned Parents for Head Start, Paterson, New Jersey was a grantee during the two-year pilot phase of model development.)

National Center for Children in Poverty (NCCP)

NCCP was established in 1989 at the School of Public Health, Columbia University, with generous core support from the Ford Foundation and the Carnegie Corporation of New York. Its mission is to identify and promote strategies that reduce the number of young children living in poverty in the United States, and that improve the life chances of the millions of children under six who are growing up poor. The Center: alerts the public to demographic statistics about child poverty and to the scientific research on the serious impact of poverty on young children, their families, and their communities; designs and conducts field-based studies to identify programs, policies, and practices that work best for young children and their families living in poverty; disseminates information about early childhood care and education, child health, and family and community support to government officials, private organizations, and child advocates, and provides a state and local perspective on relevant national issues; brings together public and private groups to assess the efficacy of current and potential strategies to lower the young child poverty rate and to improve the well-being of young children in poverty, their families, and their communities; and challenges policymakers and opinion leaders to help ameliorate the adverse consequences of poverty on young children.

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PREFACE

Research on the abuse of alcohol, tobacco, and other drugs provides no clear-cut answers to the antecedents of this major public health concern. Even so, there is a growing consensus that when preventive efforts begin early, even at preschool age, they hold promise for the reduction of abuse in later years. In this search for answers to the etiological constructs of substance abuse, researchers and program developers are looking more closely at the developmental pathways of substance abuse in early childhood. Certain preventive interventions have received increased attention—those that address reducing risk and heightening protective factors in the early years.

Free to Grow: Head Start Partnerships to Promote Substance Free Communities, which is a national initiative supported by The Robert Wood Johnson Foundation, has been designed to incorporate "interactive processes" of risk and protection by developing program models in five Head Start sites across the country. The primary strategy for prevention during the preschool years is to strengthen the small child's immediate environment. Therefore, the main targets for intervention in the Free to Grow initiative are the family and other significant adults, older siblings, and the neighborhood, *not the child.*

Head Start is a natural partner in this initiative for several reasons. Head Start enrolls large numbers of preschool children from low-income families whose environments put them at heightened risk, and it has a proven track record of involving parents and developing community linkages to assist children's total development. This collaboration between the foundation and the national Head Start program emerged in response to concerns that have been repeatedly raised by Head Start staff about the damaging effects of substance abuse on the children they serve. The hope is that the models being developed by the Head Start sites will lead to a clearer understanding of what works, under what circumstances, to promote the healthy development of children and reduce the harm of substance abuse.

This bibliography was developed by the National Program Office of Free to Grow, in collaboration with the National Center for Children in Poverty, to provide readily accessible information to grantees, and to the broader Head Start and early childhood communities. This is one way, we hope, we can foster the linkages between research and practice to better inform the search for answers to this nation's seemingly intractable problem of the abuse of alcohol, tobacco, and other drugs.

Judith E. Jones
Director, Free to Grow and
Clinical Professor, Columbia University
School of Public Health

ACKNOWLEDGMENTS

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INTRODUCTION

This bibliography includes a representative selection of materials that relate to Head Start programs involved in the Free to Grow initiative. The goals and objectives of these programs are: to strengthen families and help communities organize to prevent substance abuse. The materials are also relevant to the needs and concerns of low-income families with young children. They emphasize practice over theory and are prevention oriented rather than focused on treatment (although one section reviews the effects and treatment of alcohol, tobacco, and other drug problems). Clinically oriented materials are not included. Head Start manuals are included, but this bibliography does not include program manuals for specific substance-abuse prevention approaches. The bibliography has been developed for a variety of audiences, including parents, program administrators, and community activists, but particularly for Head Start programs that receive Free to Grow funding and for the nearly 1,900 other Head Start programs across the country. It is also intended for other early childhood programs, community groups, partnering organizations such as mental health and drug abuse prevention agencies, service providers, and policymakers. Selections are from the popular as well as scholarly research literature.

The abstracts reflect the views of the authors and editors, highlight each document's content, and are organized into the following overlapping broad topic areas:

- ***Alcohol, tobacco, and other drug abuse prevention research and evaluation***—materials that highlight current prevention research findings, which form the basis for effective programming.
- ***Prevention strategies for youth, families, and communities***—materials that provide guidelines, instructions, and suggestions for implementing and evaluating community-based substance-abuse prevention programs.
- ***Community organizing strategies***—materials that focus on new and better ways for individuals and neighborhoods to collaborate to improve the conditions in their communities and to enable existing systems to facilitate effective substance-abuse prevention strategies.
- ***Family support, parenting, and parent leadership***—materials that concentrate on how to provide social and emotional support to parents, improve parenting skills, and encourage parental initiative.
- ***Effects and treatment of alcohol, tobacco, and other drug problems***—materials that present information for practitioners and researchers who want to learn more about the nature and extent of today's alcohol, tobacco, and other drug abuse crisis, and how to intervene effectively.

Materials in this bibliography were published within the past ten years and are available from a publisher, distributor, or library. Publication and purchasing information appears for all items except journals, whose publishers are listed in standard directories found in most libraries. Readers should request documents directly from the listed publisher or distributor, many of which also produce other relevant materials. If difficulties are encountered obtaining journal articles, contact the National Center for Children in Poverty Library.

This bibliography acknowledges the terminology guidelines of the Division of Public Education and Dissemination, Center for Substance Abuse Prevention (CSAP), U.S. Department of Health and Human Services. CSAP recommends using the terms "alcohol, tobacco, and other drug [ATOD] use" or "abuse" when referring to "substance abuse" or "substance use" to remind the reader that alcohol is also part of the problem, and to be more specific. In some cases, however, terms such as "substance abuse" or "drug use" appear in the text to reduce awkwardness. We have avoided the terms "hard" or "soft" drugs, which imply that some drugs, such as marijuana, are virtually harmless. We use "injected drugs" or "injectable drugs" rather than "IV drugs" or "IV use," to avoid concerns about medically appropriate procedures. For more information about the use of appropriate

terminology, readers may write to the Division of Public Education and Dissemination, Center for Substance Abuse Prevention, Rockwall II, 5600 Fishers Lane, Rockville, MD 20857.

For more information about the prevention of alcohol, tobacco, and other drug abuse, readers should contact the following organizations and resources, as well as other organizations described in many of the publications listed in this bibliography.

American Alliance for Rights and Responsibilities
1146 19th Street, NW, Suite 250
Washington, DC 20036
Phone: (202) 785-7844
Fax: (202) 785-4370
Note: Assists community organizations and local government by providing information, recruiting pro bono legal assistance, conducting policy research on drug and alcohol abuse and community safety issues, and promoting citizenship though community and national service.

Center for Substance Abuse Prevention (CSAP)
Note: CSAP operates the National Clearinghouse for Alcohol and Drug Information (NCADI) described separately below, and the following hotline numbers:

CSAP Drug-Free Workplace Helpline
Phone: (800) 843-4971
Note: This phone hotline serves the drug information needs of employers and operates from 9 am to 8 pm Eastern time.

CSAP National Drug and Alcohol Treatment Routing Service
Phone: (800) 662-HELP (4357)
Note: This referral service provides information about printed materials (grant applications, publications), treatment options in each state, drug treatment referrals, and counselors to ask about alcohol problems and adolescent or family problems.

Clearinghouse for Drug Exposed Children
Division of Behavioral and Developmental Pediatrics
University of California, San Francisco
1350 7th Avenue, 3rd Floor
San Francisco, CA 94143-1311
Phone: (415) 476-9691
Fax: (415) 502-2897
Note: Maintains database for service providers and caretakers of drug-exposed children with information on health care, emotional and practical support, child care and education services, shelter care, and treatment services.

Fighting Back National Program Office
The Vanderbilt University
2553 The Vanderbilt Clinic
Nashville, TN 37232-5305
Phone: (615) 936-0678
Fax: (615) 936-0676
E-mail: HN1719@handsnet.org
Note: Provides program direction and technical assistance to grantees of The Robert Wood Johnson Foundation who are developing comprehensive strategies to reduce the effects of alcohol and illegal drugs. Publishes bibliographies and other materials on alcohol and drug policies and other issues and makes single copies available free to the general public. Maintains an expert speakers list and provides information on the program activities of its grantees.

Join Together Online
441 Stuart Street, Sixth Floor
Boston, MA 02116
Phone: (617) 437-1500
Fax: (617) 437-9394
Note: Serves as (1) an electronic substance abuse resource center on policies, prevention and treatment programs, funding resources, technical assistance, and upcoming events, as well as (2) a national forum and e-mail network to link community leaders involved with fighting substance abuse. Publishes bibliographies, research reports, and other materials. Accessible through the Internet, HandsNet, and America Online.

National Clearinghouse for Alcohol and Drug Information (NCADI)
P.O. Box 2345
Rockville, MD 20847-2345
Phone: (800) 729-6686/TDD (800) 487-4889
Fax: (301) 468-6433
E-mail: info@prevline.health.org.
Note: Provides information on drug and alcohol use and their effects; distributes publications and information on programs, research, CSAP grants, and other resources; publishes Prevention Pipeline, and operates the Regional Alcohol and Drug Awareness Resource (RADAR), an electronic network of alcohol and drug information centers. Also distributes the U.S. Department of Labor's Substance Abuse Information Database (SAID) which provides current information on workplace-related substance abuse using a computer software connection program.

National Women's Resource Center for the Prevention and Treatment of Alcohol, Tobacco, and Other Drug Abuse and Mental Illness
515 King Street, Suite 410
Alexandria, VA 22314
Phone: (800) 354-8824
Fax: (703) 684-6048
Note: Provides information to states and communities with a focus on women's mental health and substance abuse issues. Other services include the Community Team Training Institute and national conferences. It also operates PREVline, CSAP's electronic retrieval system. It provides a directory of prevention programs, organizations, and experts, as well as information on current literature, research, surveys, funding, and government and legislative activities. Services include database searches and on-line conferences.

National Association for Families and Addiction Research and Education (NAFARE)
200 North Michigan Avenue, Suite 300
Chicago, IL 60601
Phone: (800) 638-BABY
Fax: (312) 541-1271
Note: Distributes information packets and resource materials for professionals and the public on the impact of perinatal addiction and prenatal drug exposure on children. Sponsors national conferences and training workshops, and conducts research. Operates the **National Women's Resource Center:** (800) 354-8824, for professionals concerned with women's issues across the life cycle as they relate to alcohol, tobacco, other drugs, and mental illness.

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ACRONYMS

ATOD: Alcohol, Tobacco, and other Drugs
CCDP: Comprehensive Child Development Program
CRDA: Community Response to Drug Abuse
CSAP: Center for Substance Abuse Prevention
DARE: Drug Abuse Resistance Education
DAWN: Drug Abuse Warning Network
HIPPY: Home Instruction Program for Preschool Youngsters
IFSP: Individualized Family Support Plan
MCH: Maternal and Child Health
MOPS: Mothers of Pre-Schoolers
NHSDA: National Household Survey on Drug Abuse
OSAP: Office of Substance Abuse Prevention
PACT: Parent and Child Training Program
PALS: Peers as Leaders
PAR: Parental Awareness and Responsibility
PAT: Parents as Teachers
PED: Prenatally Exposed to Drugs
PET: Parent Effectiveness Training
PRIDE: Parents' Resource Institute for Drug Education, Inc.
SAFE: Substance Abuse Free Environment
STEP: Parent Effectiveness Training for Step Parents
TFM: The Teaching Family Model

ATOD PREVENTION RESEARCH AND EVALUATION

Benard, Bonnie

Fostering resiliency in kids: Protective factors in the family, school, and community

The author reviews recent research on how protective factors in families, schools, and communities promote healthy child development and how they can be strengthened to prevent ATOD use. Key factors are the active, caring participation of a parent or other caregiver in children's lives, high expectations for the child, and opportunities for responsible behavior. Positive family characteristics include having clear rules and responsibilities, and opportunities for contributing to family life and needs. In the school arena, caring teachers, peers, and friends are significant factors, as well as high academic standards, high student participation levels, and multiple resources. Similarly, "competent" communities nurture families and schools through social and economic support, value children as resources, stimulate social bonds, and model acceptable behavior. These protective factors can increase the resiliency of children against risk factors that lead to destructive behavior. Resilient children have feelings of autonomy and self-esteem, a sense of purpose and future, and exhibit social competence and problem-solving skills. Resiliency is part of healthy human development. The key to successful ATOD prevention efforts is to concentrate on the protective factors that make children believe in themselves and see the world as a positive place.

Northwest Regional Educational Laboratory, 101 S.W. Main Street, Suite 500, Portland, OR 97204 ; (800) 547-6339 or (503) 275-9500/Fax (503) 275-9489. (1991, 27 pp.; $6.05)

Benson, Peter L.

The troubled journey: A portrait of 6th–12th grade youth

This report poses a vision of standards for positive youth development and it gauges the extent to which this vision is being met. Based on a random sampling of public and private school students in grades 6–12 from 111 communities in 25 states, the author documents the presence or absence of *30 external assets* (such as family support, positive peer influence, or involvement in extracurricular activities) and *internal assets* (such as achievement motivation, assertiveness skills, or a positive view of the future); *10 deficits* (such as being alone at home, physical abuse, or social isolation); *frequency of prosocial behavior* (such as hours spent helping others); and *20 at-risk behaviors* (such as ATOD use, sexual activity, or absence of seat belt use) to rate youth well-being. Examining these scales across age groups, the author concludes that only 10 percent of the students met a minimal level of standards for positive assets and social behavior, and too many had a high level of negative factors and risky behaviors that have serious impacts on personal fulfillment and society as a whole. The author outlines 34 program strategies for parents, educators, and community members that focus on those assets most strongly associated with prevention (educational commitment, control, positive values); deal with co-occurring risks; use a comprehensive community approach; and include a service learning component. For example, educators can create a caring school atmosphere and improve youth's social skills and sense of responsibility for others. Congregations and community organizations can create adult mentoring and youth service opportunities, support quality day care and after-school programming, and develop positive values and social competence in both youths and their parents. A 1995 pilot study of Minneapolis youth adds new assets and groups them into revised categories: support, empowerment, boundaries and expectations, time use, educational commitment, values, social competencies, and positive identity.

Search Institute, Thresher Square West, Suite 210, 700 South Third Street, Minneapolis, MN 55415; (800) 888-7828 or (612) 376-8955/Fax (612)

376-8956. (1993, 92 pp.; $10 + p/h; Summary of community strategies: *Healthy communities, healthy youth: A national initiative of Search Institute to unite communities for children and adolescents,* 16 pp., free; *Developmental assets among Minneapolis youth,* 32 pp., $6.95 + p/h; Summary Report of Assets [poster], 8 pp., free)

Committee on Drug Abuse Prevention Research, Commission on Behavioral and Social Sciences and Education, National Research Council; Gerstein, Dean R.; Green, Lawrence W., Editors

Preventing drug abuse: What do we know?

This report reviews research on ATOD prevention efforts from the last several decades. Based on hundreds of evaluation studies of prevention programs and curricula targeting youth under age 20, the committee concludes that evaluation components of prevention programs are inadequate, despite large sums of evaluation money spent by federal agencies. Reviewers weigh theories and methods used for program evaluations, assess the findings and their mass applications, and suggest standards for future evaluations. They note that research on the causes of, and paths to, ATOD use shows a divergence between social, ethnic/linguistic, and income groups. This suggests a need for more research on the role of schools and communities in prevention. They assert that programs in wide use (for example Drug Abuse Resistance Education (DARE), in which police officers teach 5th–6th graders, and Here's Looking at You, for grades K–12) have not been evaluated adequately; and they call for small-scale studies, rather than large-scale replications, to better study risk factor reduction and behavioral development—emphasizing community initiatives and settings. They conclude that no single drug prevention activity is reliably effective. Multiple strategies, implemented in concert, are necessary.

National Academy Press, 2101 Constitution Avenue, NW, Box 285, Washington, DC 20055; (800) 624-6242 or (202) 334-3313/Fax (202) 334-2451. (1993, 162 pp.; $32.95 + $4 p/h)

Committee on Prevention of Mental Disorders, Division of Biobehavioral Sciences and Mental Disorders, Institute of Medicine; Mrazek, Patricia J.; Haggerty, Robert J., Editors

Reducing risks for mental disorders: Frontiers for prevention intervention research

With almost 12 percent of all children and adolescents suffering from one or more mental disorders, including alcohol or other substance abuse or dependence, this report weighs the research evidence for risk factors and promotion of mental health, and it urgently calls for mounting widespread prevention efforts. Previous prevention movements were hampered by lack of clear definitions of mental disorders, limited knowledge of cause and risk mechanisms, and confusion over what prevention means. The committee redefines prevention programs to include only those interventions that occur before the first onset of a mental disorder. It distinguishes between universal prevention efforts aimed at the general public, selective preventive interventions targeted to individuals or a subgroup of a population, and indicated preventive interventions to reach high-risk individuals already showing propensity for mental disorder. The report demonstrates how intervention researchers develop effective prevention activities that focus on reducing risks and enhancing protective factors for five major mental disorders, including alcohol abuse and dependence, conduct disorder, and depressive disorders—each chosen because of their high emotional and monetary costs. It highlights successful intervention research programs for infants, young children, school-aged children, adults, and the elderly. Preventive intervention research includes identifying the disorder and its prevalence, reviewing what is known about risks and resiliency factors, doing pilot studies and replication trials, and building large-scale programs in communities. It considers cultural, ethnic, racial, and economic issues, and evaluates methods of implementation and evaluation. Promising approaches with families that benefit both young children and mothers include home-visiting programs, parent training activities, and special preschool curriculums.

National Academy Press, 2101 Constitution Avenue, NW, Box 285, Washington, DC 20055; (800) 624-6242 or (202) 334-3313/Fax (202) 334-2451. (1994, 632 pp.; $49.95 + $4 p/h; Summary Chapter, 67 pp.; free)

Garbarino, James; Dubrow, Nancy; Kostelny, Kathleen; Pardo, Carole

Children in danger: Coping with the consequences of community danger

The authors describe childhood as a time for safety and fun and assert that children around the world are facing "apocalyptic" dangers. Based on field observations of children in war zones, the authors contend that the trauma experienced and perceived by children relates to the social conditions they experience. Drawing parallels between the violent climate of urban America and the fighting zones of war-ravaged countries, the authors conclude that a war is being fought in the cities of America, and children are the victims. The sale and use of drugs are major components of urban violence, and violent and unstable neighborhood conditions thwart natural child development, cause children to lose their innocence and spirit, and place additional stress on families and communities. They acknowledge the resiliency of children in the face of adversity, the challenges for caregivers of children exposed to community violence, and the reaction of communities. School-based, emotionally supportive programs can help to protect children and build resiliency and coping skills. Case studies describe children growing up in violent environments.

Jossey-Bass Publishers, 350 Sansome Street, San Francisco, CA 94104; (415) 433-1767/Fax (800) 605-2665 or (415) 433-0499. (1992, 234 pp.; $29.95 + p/h)

Griswold-Ezekoye, Stephanie; Kumpfer, Karol L.; Bukoski, William J., Editors

Childhood and chemical abuse: Prevention and intervention

The articles in this anthology address the relationships between chemical dependency, children, and youth, suggesting that prevention efforts focus on the root social and biological causes of ATOD problems. DeMarsh and Kumpfer state that genetic and environmental transmission of familial chemical dependency must be understood to prevent drug use by children at an early age. Living within a family structure affected by substance abuse has a social and biological impact on children. Drug-abusing parents often consider children "little adults" and are unaware of their developmental needs. Concerns for the child in such a household are the emotional and social isolation of the child, the stress level, and rigid family roles. Hawkins, Lishner, Catalano, and Howard look at the risk factors in early childhood that may contribute to ATOD abuse in adolescence. These include parental attitudes toward ATOD, the child's immediate environment, and peer influence on behavior. Other articles evaluate school-based and family-oriented prevention and intervention strategies. Wallack's article argues that mass media and comprehensive community involvement also are important adjuncts to school-based approaches. He explores multicultural and youth-oriented models. Future trends and options include stressing health awareness, using natural, enduring prevention methods, and specifying prevention audiences.

The Haworth Press, 10 Alice Street, Binghamton, NY 13904; (800) 342-9678/Fax (800) 895-0582. (1986, 299 pp.; $49.95 + p/h; originally published as Volume 18, No. 1/2, *Journal of Children in Contemporary Society,* Fall/Winter, 1985, pp. 1–299)

Hawkins, J. David; Catalano, Richard F.; Miller, Janet Y.

Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: Implications for substance abuse prevention

The key to preventing frequent or abusive use of ATOD by adolescents, say these authors, may lie in identifying early individual and societal risk and protective factors, understanding how these factors can be changed, and applying this knowledge to the design and controlled study of early childhood

prevention programs targeted to high-risk groups with multiple risk factors. The authors review the literature on societal factors—such as laws and behavior norms, availability of drugs, poverty, neighborhood quality—and on individual and interpersonal factors—such as physiological make-up, family ATOD use and attitudes, family disorganization and parenting skills, low educational commitment, friendships with drug users, and anti-societal behavior. Studies of recent ATOD prevention programs show that successful strategies reduce individual and societal risk factors, either directly or by enhancing protective and resiliency factors across multiple domains (individual, peer, family, school, community, and society). Despite changing social norms, the same risk factors predict ATOD use and are good preventive targets, while some risk factors are more significant at different developmental stages. For example, early academic problems are less predictive than early aggressive behavior. The risk for ATOD use increases as the number of factors increase. Several situations limit current ATOD prevention activities: a focus on risk factors at the time drug use starts, especially on laws and norms that favor drug use (e.g. low legal drinking age), and on changing social behavior norms; a lack of attention to multiple or protective factors; and questions about research methods. The authors outline prevention activities and specific programs that have shown success in reducing the early risk factors for ATOD use (as well as other social problems) and call for controlled research on combinations of activities, such as: early childhood and family support programs that enhance children's health, nutrition, child care, and education, and mother's social support; education, employment, and family planning services; parenting skills education and family functioning training for parents of children and adolescents; and social competence skills training for young children. School-based approaches include promoting academic achievement by changing classroom education methods to incorporate "cooperative learning" and individual tutoring; reorganizing schools to adapt their curricula, promote student-teacher-community involvement, and improve discipline methods; creating alternative activities for youths in schools and other settings, such as promoting involvement in school governance, career education, and peer tutoring. Participation in helping programs outside of school, physical challenges like Outward Bound, and comprehensive programs that focus on multiple risks simultaneously in all settings: home, school, community, and the mass media, should also be studied.

Psychological Bulletin, 1992, 112(1): 64–105

Kumpfer, Karol L.; Shur, Gail H.; Ross, James G.; Bunnell, Kate K.; Librett, John J.; Millward, Allison R.

Measurements in prevention: A manual on selecting and using instruments to evaluate prevention programs

This manual helps program planners and evaluators select instruments to evaluate substance abuse prevention programs. The authors discuss the importance of evaluations, present an approach to conceptualizing the project and its intended outcomes, and guide the reader toward which instruments to consider and which to use. Different types of instruments are considered with reference to their cultural appropriateness, how to match them to program participants, types of instruments, and sources of evaluation data. Appendices include worksheets to use when framing evaluation questions and selecting and reviewing available instruments. The manual includes instruments that have either been approved or recommended by CSAP or are frequently used in prevention studies. Instruments appear according to intervention focus, with descriptions and ordering information provided.

U.S. Department of Health and Human Services, Office of Substance Abuse Prevention. Distributed by National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20847-2345; (800) 729-6686 or (301) 468-2600/TDD (800) 487-4889/Fax (301) 468-6433. (1993, CSAP Technical Report No. 8, Inventory No. BK213, 204 pp.; free)

ATOD PREVENTION STRATEGIES FOR YOUTH, FAMILIES, AND COMMUNITIES

Aguirre-Molina, Marilyn; Van Ness, Emily

Communities take charge: A manual for the prevention of alcohol and other drug problems among youth

This manual provides data on the extent of the ATOD problem among youth. It discusses the environmental factors that place youth at risk for ATOD problems, focusing on media messages and on availability of substances. It includes guidelines and suggestions for organizing to prevent ATOD problems, including suggestions on how to: conduct a community needs assessment; decide which direction to take in prevention programming; develop goals and objectives; implement a prevention program; obtain funds; and evaluate program effectiveness. A final section describes successful community prevention activities. The manual is part of an action kit designed to be a self-instructional learning module. The kit includes audio and videotapes, a directory of resources, and handbooks on how advertisers market alcohol and tobacco to Hispanics and Blacks, and on community approaches to preventing billboard advertising.

The University of Medicine and Dentistry, Robert Wood Johnson Medical School, Department of Environmental and Community Medicine, Division of Consumer Health Education, Communities Take Charge! Project, 675 Hoes Lane, Room N110, Piscataway, NJ 08854-5635; (908) 235-5046/Fax (908) 235-4569. (1991, 127 pp.; Resource Directory: 1991; 261 pp.; Videotape: 45 minutes; Audiocasette: 45 minutes; sold as a kit only: $85 + $10 p/h)

Arkin, Elaine Bratic; Funkhouser, Judith E., Editors

Communicating about alcohol and other drugs: Strategies for reaching populations at risk

This comprehensive book discusses how to design a successful communications program for the prevention of ATOD abuse targeting a range of audiences: children of alcoholics, African American and Hispanic youth, parents, and health care personnel. The authors contend that children in high-risk environments are often more knowledgeable about and accustomed to drugs than other children, and are often given responsibilities inappropriate to their age level. To prevent high-risk behavior, early intervention activities must deal with the social environment that fosters ATOD abuse. Specific populations at risk include children in low-income families, children of substance users, and children who have experienced child abuse. The authors highlight the needs and experiences of African American and Hispanic American children, asserting that support from all facets of society helps to reinforce anti-drug attitudes. Parents and the media are pivotal in reaching at-risk children. Planners should transmit messages about ATOD abuse through appropriate and proven sources and channels of communication. Intermediary groups such as community organizations, physicians, or local agencies can help get prevention messages to the public. Good communication strategies match the knowledge level, attitudes, and practices of the audience. The authors describe gaps in communication messages and materials for youths and their families most at risk for ATOD abuse, and offer strategies to reach them. CSAP guidelines for policy and programming of a communications project are included.

U.S. Department of Health and Human Services, Office of Substance Abuse Prevention. Distributed by National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20847-2345; (800) 729-6686 or (301) 468-2600/TDD (800) 487-4889/ Fax (301) 468-6433. (1992, 402 pp.; OSAP Prevention Monograph No. 5, Inventory No. BK170; free)

Brady, Joanne P.; Grollman, Sharon; Posner, Marc; Lang, Cynthia; Rosati, Michael J.

Risk and reality: Teaching preschool children affected by substance abuse [video and teachers' guides]

Children affected by substance abuse have a wide range of problems and abilities, similar to other children with many risk factors. Based on a literature review and interviews with representatives of twelve exemplary programs involving drug-exposed young children, this kit demonstrates how to teach and nurture these children and to involve their families in the preschool setting. The video and two booklets explore the effects of prenatal exposure to alcohol or other drugs on young children—such as preterm delivery, low birthweight and Apgar scores, short-term neurological effects, and possible longer-term effects on physical, psychological, and cognitive development. These children are usually in sociodemographic groups also subject to other environmental risk factors, such as poverty, violence, inadequate parenting knowledge, foster care, child abuse, and neglect. They often arrive in preschool with behavior problems, language delays, attachment difficulties, learning disorders, and limited social skills. The authors describe techniques preschool teachers can use to help these children succeed in school: maintaining a nurturing, caring classroom, encouraging cooperative play, limiting distractions and helping with transitions, giving children behavior management skills, ongoing assessments, and building strong links with families. They describe the operations of six exemplary early intervention programs and comprehensive child development programs like Head Start that are especially prepared to work with at-risk children and that are being copied across the country. These include: (1) the PED Program for preschool children prenatally exposed to drugs based in Los Angeles public schools; (2) the Parent-Child Intervention Program in East Palo Alto, California, which includes parent and caregiver education and supports for drug-exposed infants, toddlers, and preschoolers; (3) Operation PAR (Parental Awareness and Responsibility), a drug treatment community in Florida for mothers and their young children incorporating child care and other services; (4) Carousel Preschool Program, run by the University of South Florida Mental Health Institute; (5) Hillsborough County Training Program in Tampa, Florida, which gives inservice training to district preschool and primary school teachers who work with at-risk children in mainstream settings; and (6) the District of Columbia's Project D.A.I.S.Y. (Developing Appropriate Intervention Strategies for the Young Child), which integrates drug-exposed and other children in a multi-aged preschool public school program. Each of these programs encourages collaboration between program staff, community, teachers, administrators, parents, and social service agencies to maximize the potential of drug-exposed and at-risk children.

U.S. Department of Health and Human Services and U.S. Department of Education. Distributed by National Archives Fulfillment Center, Multimedia Publications and Distribution Center, 8700 Edgeworth Drive, Capitol Heights, MD 20743-3701; (800) 788-6282/Fax (703) 321-8547. (1994, Order No. AVA19519VNB1, Booklet *Risk and reality: Teaching preschool children affected by substance abuse:* 76 pp., Booklet *Risk and reality: Implications of prenatal exposure to alcohol and other drugs:* 67 pp., Video: 30 minutes; sold as kit only: $45 + $4 p/h)

Carter, Sylvia; Oyemade, Ura Jean

Parents getting a head start against drugs: Activity book and trainer's guide

This set of instructional activity books for the staff and parents or other primary caregivers of Head Start participants features workshops and exercises to help parents come to terms with how substance abuse affects their lives. The workshops help parents become more aware of their feelings and how they can prevent ATOD abuse in their families. Parents can use self-assessment techniques to address the stressors that may lead to drug use. Ten two-hour activity modules can be conducted independently or in sequence. Topics include the family, self-esteem, communication, stress, support groups, community, health issues, values, and peer pressure. Head Start staff use a parallel children's activity curriculum while the parent workshops are being held. The trainer's guide includes a directory

of resource organizations and support groups, as well as other curricula and suggestions for further reading.

U.S. Department of Health and Human Services, Administration on Children, Youth and Families, Head Start Bureau, P.O. Box 1182, Washington, DC 20013; (202) 205-8560. (1993, 133 pp.; free)

Center for Substance Abuse Prevention
Making prevention work

This kit is a public education tool designed to help neighborhood organizations gain support for substance abuse prevention programs among businesses, community leaders, the media, and other community institutions. It contains flip charts and graphs, and sample media materials, including press releases, an op-ed piece, public service announcements, and camera-ready advertisements that can be adapted to local needs and logo designs. The materials provide background information on the substance abuse prevention movement and the role of public health, outline risk and protective factors in ATOD use, suggest resources for additional information, and give answers to the most frequently asked questions about prevention. A companion publication: *Keeping youth drug-free: A guide for parents, grandparents, elders, mentors, and other caregivers,* contains materials and exercises to aid communication about the dangers of drug use between parents or other caregivers and 7–13-year-olds. It can be adapted for use with other age groups and is organized around the five reasons most frequently given for drug use by young people: to feel grown up, to fit in, to relax and feel better, to take risks and rebel, and to satisfy curiosity.

U.S. Department of Health and Human Services, Center for Substance Abuse Prevention. Distributed by National Clearinghouse for Alcohol and Drug Information P.O. Box 2345, Rockville, MD 20847-2345; (800) 729-6686 or (301) 468-2600/TDD (800) 487-4889/Fax (301) 468-6433. (1995, DHHS Publication No. (SMA) 95-120, kit contents: *Making prevention work* [guidebook], 37 pp., *Drug-free for a new century: A chartbook by the Center for Substance Abuse Prevention,* 35 pp., *Getting the message out* [instruction poster] and sample documents; free; *Keeping youth drug-free: A guide for parents, grandparents, elders, mentors, and other caregivers,* 1996, 23 pp.; free, both also available on the World Wide Web at http://www.health.org)

Collins, Raymond C.; Anderson, Penny R.
Head Start substance abuse guide: A resource handbook for Head Start grantees and other collaborating community programs

ATOD abuse affects many children enrolled in Head Start in some way—at home or in the community. This handbook is designed specifically to help Head Start programs and their collaborators develop strategies to address ATOD abuse. It suggests how to create a supportive environment for children, form ties with collaborative agencies, and work with parents. Staff should learn to identify children prenatally affected by ATOD and exposed to ATOD abuse in the family. Authors list the competencies needed for working with drug-affected children and families, including fostering ongoing relationships with caretakers. Numerous benefits (including joint outreach campaigns, coordinated case management, and unified messages about ATOD abuse) result from collaborations between Head Start and social and community services agencies. The volume concludes with resource lists of useful information—drug classifications, curricula, organizations, and publications.

U.S. Department of Health and Human Services, Administration on Children, Youth and Families, Head Start Bureau, P.O. Box 1182, Washington, DC 20013; (202) 205-8560. (1991, DHHS Publication No: (ACF) 91-31265, 122 pp.; free)

Committee on Preventing Nicotine Addiction in Children and Youths, Division of Biobehavioral Sciences and Mental Disorders, Institute of Medicine; Lynch, Barbara S.; Bonnie, Richard, J., Editors

Growing up tobacco free: Preventing nicotine addiction in children and youths

This committee considers the variable success of policies and programs that aim to lower nicotine addiction among children and youths, and recommends practical strategies. Most tobacco addiction occurs in smokers who began using tobacco products before age 18. Tobacco use causes about 30 percent of all deaths to people ages 35–69. Given these facts and the rising level of nicotine addiction worldwide, the report first explores the nature of nicotine addition, historical attitudes to tobacco use, and its advertising and promotion. It then reviews policies and programs to limit or prevent tobacco use: taxes; controlling youth access; regulating labeling, packaging, and contents; and education and behavioral change activities. Successful research-based programs that prevent or stop tobacco use among children and youth are based in schools and communities or are aimed at individual children. They rely on developing interpersonal "life" skills to resist the social environmental influences that lead young people to smoke; start before high school; address the social context for tobacco product use including peer groups; feature follow-up sessions; and involve parents, schools, community organizations, and social influences, legal actions, and local media. Earlier strategies, such as providing negative information about tobacco or only building individual self-esteem proved ineffective in preventing or ceasing tobacco use among children and adolescents—although adults may respond positively to these approaches. The committee singles out the use of smokeless tobacco products as particularly difficult to attack because of widespread misconceptions about their safety and social acceptability, and the ease with which they can be used surreptitiously. The report calls for more research on the nature of nicotine addiction and the social factors that lead to declines in smoking, with particular attention to ethnic, gender, and social class differences, and regional and cultural variations. It also calls for greater attention to public education, especially mass media campaigns; expanding and enforcing tobacco-free public areas; giving states more regulatory authority and funding to limit tobacco advertising and promotion and to implement other prevention efforts; and integrating successful school-based programs into comprehensive efforts, including implementing Centers for Disease Control guidelines on tobacco use prevention. It also recommends increasing taxes on tobacco products, setting the same high sales prices in military and nonmilitary outlets, and limiting tobacco product outlets in general. It suggests using the influence of the federal government to induce states and localities to seek and enforce anti-tobacco policies for youths, including banning vending machines, single cigarette sales, and free product distribution. Offenses should be made civil rather than criminal.

National Academy Press, 2101 Constitution Avenue, NW, Box 285, Washington, DC 20055; (800) 624-6242 or (202) 334-3313/Fax (202) 334-2451. (1994, 327 pp.; $24.95 + $4 p/h)

Fox, C. Lynn; Forbing, Shirley E.

Creating drug-free schools and communities: A comprehensive approach

This book is designed to guide professionals and community members through school-based ATOD prevention and intervention activities for adolescents who are, or are the children of, substance abusers. The authors demonstrate how schools, families, and communities can work together to establish a significant framework for prevention by organizing activities into five stages: assessing needs, planning, implementation, evaluation, and dissemination. Program designers need to recognize problems within the family unit: the complex dynamics of families of substance abusers, the coping strategies and survival roles of family members, the weaknesses in family relations, changes in family structure, child-rearing practices, economic realities, and lack of family cohesiveness. Road blocks to implementation include denial, lack of collaboration skills, and limited knowledge. Key elements

to successful ATOD program outcomes include assessing needs through research, raising funds, enlisting the support of community resources, working directly with children, and involving parents. Schools and the community can help foster appropriate parenting skills through educational activities, such as parent support groups. The authors describe models of prevention and youth peer programs from across the U.S. that have been assessed as effective. An appendix lists resources and contact organizations.

HarperCollins Publishers, College Division, 1900 East Lake Avenue, Glenview, IL 60256; (800) 782-2665/Fax (800) 328-3443. (1992, 344 pp.; $37.50 + $3.50 p/h)

Gardner, Stephen E.; Green, Patricia F.; Marcus, Carol

Signs of effectiveness II: Preventing alcohol, tobacco, and other drug use: A risk factor/resiliency-based approach

This report is the second in a series that highlights the experience of prevention demonstration grant programs funded by CSAP. A conceptual model for identifying risk factors for ATOD problems provides the context for descriptions of 45 programs that target youth at high risk for ATOD problems. Some programs focus on one risk factor, while others adopt a multiple risk factor approach. Programs are divided by major focus: individuals, families, schools, peer groups, and communities. Each description includes names, addresses, and telephone numbers of contact people for more information.

U.S. Department of Health and Human Services, Office of Substance Abuse Prevention. Distributed by National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20847-2345; (800) 729-6686 or (301) 468-2600/TDD (800) 487-4889/Fax (301) 468-6433. (1994, Inventory No. PHD679, 94 pp.; free)

Goddard, Lawford L., Editor

An African-centered model of prevention for African American youth at high risk

This report synthesizes discussions of a working group of African American social leaders who contend that ATOD abuse is one of the foremost problems facing the African American community today. They assert that the media's influence is a primary environmental factor contributing to substance abuse in the African American community and that present social circumstances challenge the traditional structure of the African American family. Successful prevention efforts build on the cultural integrity of the host community, and cultural sensitivity has a more profound impact on the lives of African Americans than traditional prevention techniques. The report summarizes site visits to 19 programs funded by OSAP that have a high percentage of African American high-risk youths participating. Common factors that seem to make these programs effective include use of a structured curriculum with clear goals, spending a substantial amount of time with individual youths—at least 20 hours over six weeks, and having African American program staff visible and directly involved in services. Three representative programs are described: SUPER II Early Intervention Demonstration Project, Atlanta, Georgia; Afro-American Adolescent Project, Cincinnati, Ohio; and Targeted Primary Prevention Demonstration Project—Substance Abuse Prevention Program (SAPP), Roxbury, Massachusetts. The resulting prevention model incorporates African American cultural themes into prevention methods: consubstantiation, interdependence, egalitarianism, collectivism, transformation, cooperation, humanness, and synergism. The report describes how these cultural concepts can be incorporated in the content, processes, program components, goals, and outcomes of this specific model of prevention.

U.S. Department of Health and Human Services, Center for Substance Abuse Prevention. Distributed by the National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20847-2345; (800) 729-6686 or (301) 468-2600/TDD (800) 487-4889/Fax (301) 468-6433. (1993, Inventory No. BK199, 100 pp.; free)

Hargrove, Elisabeth; Daulton, Deb; Melner, Joan; Shackelford, Jo

Resources related to children and their families affected by alcohol and other drugs, 2nd edition

This annual guide provides information on recent federal and state education and health initiatives to coordinate support for families who are vulnerable to alcohol and other drug use to help local and state-level program directors and planners. It includes listings for monetary resources, information clearinghouses, program databases, national advocacy organizations, and technical assistance providers. Four sections cover: national training and information resources, state programs and agencies, federal funding sources, and other public and private grant-making resources. Each listing includes a brief organizational description with contact information. The authors call for parents, professionals, and communities to come together in establishing programs and support networks for young children and their families affected by alcohol and other drugs.

National Early Childhood Technical Assistance System, Coordinating Office, 500 Nations Bank Plaza, 137 East Franklin Street, Chapel Hill, NC 27514; (919) 962-2001/Fax (919) 966-7463; E-mail: nectasta.nectas@mhs.unc.edu; WWW: http://www.nectas.unc.edu. (1995, 28 pp.; $5)

Hawkins, J. David; Catalano, Richard F., Jr.; and Associates

Communities that care: Action for drug abuse prevention

The authors present a community mobilization strategy based on social development research designed to reduce the risk factors that increase the chance of ATOD problems, while strengthening the protective factors that help shield children from ATOD involvement. Successful community mobilization requires a shared definition of the problem, a unified vision of change, developmentally appropriate sets of activities, significant coordination and cooperation between service professionals and community members, and creative use of human and financial resources. They address major environmental factors such as economic and social deprivation, disorganized neighborhoods, housing problems, laws and norms favoring drug use; availability of drugs; and individual factors, such as family history of drug use, poor family dynamics, antisocial or rebellious behavior, lack of academic commitment or failure, and friends who use drugs. Social development strategies emphasize the healthy attachment of children and youths with parents, school, prosocial peer groups, and community. A coordinated community approach to ATOD prevention facilitates widespread communication to achieve consistent norms of behavior. It also enhances knowledge about risk and protective factors, and strengthens positive youth bonds. "Communities that care" initiatives focus on preschool and family, school, and community. They are characterized by a year-long education, risk assessment, and planning phase, during which key leaders emerge and a community board is formed and trained, environmental risks and priorities are identified, and an action plan is created. The authors describe the components of prevention programs that target different age groups and community entities: prenatal and infancy programs, early childhood education programs, parent training, school organization and administration, school instruction, ATOD curricula, community and school drug use policies, and the media. For each type, they provide a program overview, rationale, goals and objectives, supporting research, program descriptions, implementation activities, training and technical assistance needs, evaluation suggestions, and additional resources. A final chapter focuses on funding resources and includes advice on making programs financially stable using long-term funding options.

Jossey-Bass Publishers, 350 Sansome Street, San Francisco, CA 94104; (415) 433-1767/Fax (800) 605-2665 or (415) 433-0499. (1992, 247 pp.; $31.95 + p/h)

Jellinek, Paul S.; Hearn, Ruby P.

Fighting drug abuse at the local level

Frustration over social problems exacerbated by drug use has led to a debate between support for incarceration of users and sellers and advocacy for legalizing drugs. The authors assert that neither faction has the right answer. They propose that communities consolidate their resources into a cohesive system of prevention, treatment, and aftercare, with an emphasis on reducing demand for drugs. By integrating existing community programs and services, the ATOD prevention network can be strengthened, even though numerous problems may arise. Some include political barriers and conflicts of interest, inability to form a strong consensus on priorities, a "not in my backyard" attitude, and denial of the abuse problem. The authors cite The Robert Wood Johnson Foundation's Fighting Back Program as one community-wide initiative to reduce the demand for drugs at the local level. They advise communities to create a broad-based citizen task force to oversee and guide community initiatives; carefully and realistically assess the community's needs and resources; advocate for and secure increased and flexible funding; support government agency cooperation and the return of tax money derived from alcohol and other drugs to the community; and foster changes in the social environment, such as decreased alcohol marketing and advertising.

Issues in Science & Technology, Summer 1991, 7(4): 78–84

Join Together

Leading from the ground up: The third national survey of the community movement against substance abuse, 1995 report to the nation

This biannual survey of community-based, anti-drug, and alcohol efforts in the United States covers 4,200 local agencies, state education agencies, and community organizations. It examines the pivotal role of community coalitions in preventing ATOD abuse and trafficking, program changes noted since earlier surveys, and factors contributing to program success. A group of 1,910 coalition leaders contributed recommendations that local community organizations can consider as they develop their own initiatives. This latest survey finds that comprehensive efforts are most effective in preventing ATOD use, but that major sources of federal government funding are diminishing. At the same time, local government institutions are giving this issue less attention, and are handling substance abuse problems ineffectively, and Congress and state officials are not concentrating on substance abuse. On the other hand, local mayors are paying more attention, and over one-third of coalition leaders believe substance abuse is increasing in their communities. (Seventeen percent classified the situation as improving.) Most community organizers gave a poor rating to the performance of major institutions, such as business and labor, the media, and religious groups. Policy changes receiving almost universal support from the leaders include: limits on alcohol and tobacco advertising, lowering legal blood alcohol levels for drivers, providing mandatory treatment instead of prison for nonviolent drug and alcohol abusers, immediate availability of drug treatment for all, and maintaining criminalization for drug possession.

Join Together, School of Public Health, Boston University, 441 Stuart Street, 6th Floor, Boston, MA 02116; (617) 437-1500/Fax (617) 437-9394; E-mail: shelley@jointogether.org. (1996, 41 pp.; free)

Kumpfer, Karol L.; Turner, Charles; Hopkins, Rodney; Librett, John

Leadership and team effectiveness in community coalitions for the prevention of alcohol and other drug abuse

Community partnerships and coalitions that develop comprehensive alcohol and drug abuse prevention initiatives are increasing, and while some coalitions are successful, few proposed models or formulas have led to effective partnerships. The authors look at the style of coalition leaders, suggesting that the success of partnerships increases if the leader is able to empower others. A representa-

tive coalition tested a theoretical leadership model of a substance abuse prevention team. Results showed that leadership styles that provide positive support and networks for the coalition increase the team's member satisfaction and contribute to the coalition's effectiveness in the community.

Health Education Research: Theory & Practice, 1993, 8(3): 359–374

Lecca, Pedro J.; Watts, Thomas D.
Preschoolers and substance abuse: Strategies for prevention and intervention

This book describes how ATOD use affects preschool children and their families and demonstrates how the personal use of drugs relates to larger social problems. Looking at both the societal influences on ATOD abuse, and its social context, the authors describe how alcohol and drug use in the family can lead to violence, sexual abuse, and prenatal exposure to drugs. They note that childhood is a key time to strengthen resiliency and resistance. By early childhood, attitudes regarding drugs are already forming, and young children of addicted parents especially need strategies to promote self-esteem. Parental, family, school, and community participation in prevention is a cornerstone of substance abuse-free communities. The authors confirm the effectiveness of community-based outreach services, call for making substance abuse prevention a public health priority, and cite the need for other activities—substance abuse training for child care workers, appropriate approaches to reach poor and ethnic populations, and more research studies on the impact of drugs on the family. They cite model prevention programs around the country.

The Haworth Press, 10 Alice Street, Binghamton, NY 13904-1580; (800) 342-9678/Fax (800) 895-0582. (1993, 116 pp.; $24.95 cloth, $19.95 paper + $3 p/h)

Linney, Jean Ann; Wandersman, Abraham
Prevention plus III: Assessing alcohol and other drug prevention programs at the school and community level: A four step guide to useful program assessment

Assessment is a very important part of program planning. Assessment can document program effectiveness, identify areas that need more work, and can determine whether and to what extent a program is meeting its objectives. This guidebook helps program staff and organizers understand program evaluation. It explains how evaluation can be a useful tool for organizations. One section describes the four parts of assessment: identifying goals; process assessment, or determining whether what was planned actually occurred; outcome assessment, which describes the immediate effects of a program; and impact assessment, which looks at long-term changes directly attributable to program interventions. Another section highlights program assessment plans—methods to gather data that verify and document the process and quantify outcomes. The document features a step-by-step guide to program assessment which includes worksheets and self-administered questionnaires.

U.S. Department of Health and Human Services, Office of Substance Abuse Prevention. Distributed by National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20847-2345; (800) 729-6686 or (301) 468-2600/TDD (800) 487-4889/Fax (301) 468-6433. (1991, Inventory No. BK188, 457 pp.; free)

Lorion, Raymond P.; Ross, James G., Editors
OSAP special issue: Programs for change: Office for Substance Abuse Prevention demonstration models

This special journal issue describes the outcomes and analysis from evaluation findings of eight OSAP-funded demonstration projects designed to reach high-risk youths. The report discusses the challenges and difficulties that these programs faced in implementing ATOD abuse prevention efforts. One program exemplifies the difficulties a

parent-involvement model can face. Despite the offer of incentives such as child care and transportation, few parents attended the preventive intervention sessions. Another program tried to increase after-school resources for "latchkey" children, but encountered opposition from parents and teachers. Other programs worked with alternative methods of prevention activities and multiagency collaborations. The book also looks at and discusses why some programs failed to reduce risk factors. It identifies lessons learned through community prevention efforts. These include the importance of flexibility in organizing, the complexity of evaluation, the inevitability of resistance, and the reality of time constraints.

Journal of Community Psychology, 1992, 20(OSAP Special Issue), pp. 1–128. *Distributed by National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20847-2345; (800) 729-6686 or (301) 468-2600/TDD (800) 487-4889/Fax (301) 468-6433.* (1992, Inventory No. BK200, 128 pp.; free)

Mincy, Ronald B., Editor

Nurturing young black males: Challenges to agencies, programs, and social policy

African American juvenile arrests for drug abuse almost tripled from 1960 to 1990. Ten times more African Americans were arrested than were white males—suggesting a crisis among young African American males. Asserting that a positive self-identification for African American men is based on values, family, and an emotional and spiritual integrity that connects with cultural history, the authors describe youth development programs that target these young men. They also evaluate major community service organizations in the United States for their capacity to provide educational, economic, criminal justice, and health services to young African American men. Afrocentrism can be used to connect young men to rites of passage, spirituality, and a sense of empowerment, both personally and in the community. Structured activities in the community can foster positive outcomes. These include health initiatives, mentoring programs, and career preparation that involves parents and African American and other men. Programs should emphasize development and empowerment instead of deterrence. They should be assessed on the extent to which program staff relate to African American young men. The authors explore the implications of a national policy for African American youth and the complex relationship between youth policy, community, and government.

The Urban Institute Press. Distributed by University Press of America (UPA), 4720 Boston Way, Lanham, MD 20706; (800) 462-6420 or (301) 459-3366/Fax (301) 459-2118. (1994, 243 pp.; $19.95 + $3 prepaid to UPA)

Mosher, James F.; Jernigan, David H.

An environmental approach to the prevention of alcohol-related problems

The authors give an historical and political overview of American alcohol consumption. They analyze past prevention efforts, especially prohibition, and the current public health model. The volume reviews the role of alcohol in American culture and in its racial and social groups, including Native Americans, African Americans, and European Americans. The authors believe that alcohol consumption is related to larger political and economic issues and cultural traditions. They describe the physical and social consequences of alcohol use. For example, in addition to the millions spent on substance abuse treatment in the United States, each year businesses and the medical and legal systems lose millions of dollars as a result of alcohol-related illnesses and accidents.

The Marin Institute for the Prevention of Alcohol and Other Drug Problems, Attn: Jackie Schafer, 24 Belvedere Street, San Rafael, CA 94901; (415) 456-5692/Fax (415) 456-0491. (1988, 82 pp.; free)

National Assembly of National Voluntary Health and Social Welfare Organizations

Building resiliency: What works! A community guide to preventing alcohol and other drug abuse through positive youth development

The underlying premise of this report is that communities cannot just prevent problems. They must also encourage positive growth and resiliency, meet youth needs, and build competencies. Collaboration through a multidisciplinary approach called youth development, which includes research, policy, and experience, goes far beyond mere reduction of risks. Programs that prevent negative behavior or that "look good," yet fail to reach the target population, are not as successful as programs that increase service delivery and accountability. According to the guide, an effective program has six essential elements: a comprehensive strategy with a clear goal; committed, caring professional leadership; youth-oriented projects; culturally competent and diverse programs; youth ownership and involvement; and a positive focus including all youth. The guide lists 12 examples of community programs that incorporate these elements.

National Assembly of National Voluntary Health and Social Welfare Organizations, 1319 F Street, NW, Suite 601, Washington, DC 20004; (202) 347-2080/Fax (202) 393-4517. (1994, 94 pp.; $9.95 members, $11.95 nonmembers + $3 p/h)

National Crime Prevention Council

Creating a climate of hope: Ten neighborhoods tackle the drug crisis

This book describes how ten neighborhoods struggled against the growing drug crisis. It shows the fear and vulnerability of the residents and how that fear, coupled with lack of knowledge, fed their community's drug problem. The communities overcame their fears by participating in Community Response to Drug Abuse (CRDA), a national demonstration program funded by the U.S. Department of Justice. Residents became empowered by the CRDA program. They no longer felt fearful and powerless to respond. They formed task forces and organizations to stop drug trafficking, and they assumed new roles and responsibilities when they realized that achieving their mission was a long-term proposition. Each community adopted a short- and a long-term goal. For example, they made plans to close a crack house or to hold a drug rally in the short-term, or to establish a drug prevention program or build treatment facilities in the long-term. Additional efforts focused on community awareness and education, through one-on-one contact with parents, community meetings, and alternative school-based activities for youths. Different strategies and site profiles are highlighted, which include the reaction of drug dealers as well as community residents.

National Crime Prevention Council. Distributed by NCPC Fulfillment Center, P.O. Box 1, 100 Church Street, Amsterdam, NY 12010; (800) 627-2911/Fax (518) 843-6857. (1992, 73 pp.; $14.95 + 10% p/h prepaid)

Neely, Diane; Grant, David

Drug free zones: A guide for community action

The authors contend that alcohol and the drug trade have exacerbated social problems in African American neighborhoods. They also point out that fear, inaction, apathy, hopelessness, poor living conditions, and unclear community standards foster negative thinking and block positive change. The book documents how some communities have challenged neighborhood deterioration by adopting Drug Free Zones centered around community-based programs. Their purpose is to reduce neighborhood drug trafficking through empowerment and the actions of community coalitions. Drug Free Zones contain community networks that organize block patrols, community services, and other events to rally the neighborhood against drug dealers. Legal means can be used to create a Drug Free Zone. Lawsuits can be brought against property owners where drug transactions occur. Another strategy is to launch a media campaign to bring the issue to the community. A successful media campaign can reach the target audience through an effective ATOD prevention message

that builds awareness and creates motivation for creating Drug Free Zones.

African American Family Services, 2616 Nicollet Avenue South, Minneapolis, MN 55408; (612) 871-7878/Fax (612) 871-2567. (1991, 19 pp.; $4.95 + $4 p/h).

Office of Substance Abuse Prevention
Prevention plus II: Tools for creating and sustaining drug-free communities

This comprehensive resource gives an overview of planning ATOD prevention initiatives and offers case studies of model community prevention efforts. The manual emphasizes the role of the community as a catalyst for, and coordinator of prevention activities with ATOD prevention measures reinforced through a drug-free community. Successful prevention efforts must target factors in multiple environments—individual, interpersonal, global—that contribute to ATOD abuse. Specific prevention strategies should address individuals, peer groups, parents, schools, the media, and the law. Planning steps for prevention include conducting a needs assessment, establishing prevention goals and objectives, identifying resources and funding sources, allocating leadership tasks, implementing the program, evaluating, and revising. Extensive appendices list program directors, resources, and planning steps.

U.S. Department of Health and Human Services, Office of Substance Abuse Prevention. Distributed by National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20847-2345; (800) 729-6686 or (301) 468-2600/TDD (800) 487-4889/Fax (301) 468-6433. (1989, Inventory No. BK159, 541 pp.; free)

Pransky, Jack
Prevention: The critical need

This guidebook to primary prevention methods for policymakers and practitioners observes that limited funds focus on the prevention of ATOD use, emotional disorders, and health education, compared to investments in treatment and law enforcement activities. The author identifies three levels of prevention: (1) primary—aimed at the general community to promote healthy individuals, disease resistance, and good citizenship by changing environments, promoting health and awareness, building skills, and providing supports; (2) secondary (intervention)—working with individuals at risk or in crisis, stepping in to assess problems at an early stage and recommend solutions, defusing crises, teaching skills to change behavior and the situations individuals react to; and (3) tertiary (treatment)—striving to rehabilitate, treat, and rebuild individual behavior and health. The book concentrates on primary prevention, describing successful community prevention strategies and research findings based in child care and early childhood education settings, schools, communities, and in the workplace. It also considers peer and parent-focused prevention activities, individual prevention and health education, and the social policies needed to be successful. Careful planning, community involvement, pragmatic evaluation, and good marketing strategies buttress these avenues to prevention. The author calls for special attention to nurturing prevention workers. He suggests that substance abuse, as well as child abuse and neglect, crime, suicide, teenage pregnancy, and mental illness are all the result of people being given unhealthy self-perceptions. Effective preventive programs involve multiple systems and many strategies; target all group members, not just those at high risk; work to change the environmental circumstances that contribute to social problems; collaborate with other social service systems; involve the community in program building; focus on goals and behavior change; influence people of all ages; have both quality and volume; spread messages to all parts of daily life; adapt programs to community cultural needs; attract young people; reinforce that prevention is cost-effective; and have long-term commitment.

Burrell Foundation and Paradigm Press. Distributed by Jack Pransky, c/o Prevention Unlimited, RD Box 134, Cabot, VT 05647; (802) 563-2730. (1991, 386 pp.; $24.95 + p/h)

Unger, David C., Editor

Strengthening youth and family resistance to alcohol and other drug abuse

This special journal issue promotes strategies to foster resiliency against ATOD use, targeting youth and families. Themes emphasized are integration of services and the systems approach to substance abuse, empowerment of family members, ethnic diversity, and evaluation methods for model prevention programs. Parents are primary agents of change and the main avenue for preventing substance abuse by children. The authors characterize community partnerships as popular prevention and intervention strategies. Neighborhood coalitions merge resources to foster change for those who cannot do it alone. Community partnerships not only prevent community drug use but also demonstrate how life can improve when people work with and value each other. Some prevention programs target specific ethnic groups, while others focus on public housing communities, the schools, parents and schools together, family-based services, and statewide networks. A directory lists curricula and audiovisual resources of assistance to substance abuse programs.

Family Resource Coalition Report, 1991, 10(3): 1–23

Van Hasselt, Vincent B.; Hersen, Michel; Null, Jane A.; Ammerman, Robert T.; Bukstein, Oscar G.; McGillivray, Janice; Hunter, Andrea

Drug abuse prevention for high-risk African-American children and their families: A review and model program

ATOD abuse is a major concern to the African American community because poverty and its accompanying stresses place a disproportionate number of African American children and families at great risk of ATOD abuse. The authors support strengthening the family as a key component in substance abuse prevention. One prevention project, SAFE (Substance Abuse Free Environment), targets at-risk communities and families. The goals of SAFE are to empower families by offering alternatives to drug use. Program components include PACT (Parent and Child Training Program) and PALS (Peers as Leaders). These activities stress resiliency and protective factors that lead to increased resources for the target population through parent training, social skills development, and ATOD education. It is important to evaluate the impact of prevention programs by measuring changes in the attitudes, behaviors, and skills of project participants.

Addictive Behaviors, 1993, 18(2): 213–234

Wallack, Lawrence; Wallerstein, Nina

Health education and prevention: Designing community initiatives

The health of an individual and community are related. Prevention efforts must not only include health promotion but also health protection, disease prevention, and community organization. Programs that simply try to "fix" the individual do not address illness in its larger context. The authors suggest an integrated approach to health promotion and disease prevention that combines individual and social responsibility with comprehensive, long-term planning. The stages of planning include learning about and becoming involved with a community, identifying and analyzing problems, and developing community-driven initiatives. Also, since individuals involved in planning health promotion programs make assumptions about other people, which problems to tackle, and program effectiveness, planners should first identify and analyze their own assumptions. The concept of force field analysis, a method used to pinpoint factors that facilitate or hinder action, is introduced. Health education is one facilitating factor in prevention planning.

International Quarterly of Community Health Education, 1987, 7(4): 319–342

ATOD COMMUNITY ORGANIZING STRATEGIES

Advocacy Institute

The elements of a successful public interest advocacy campaign

This guide analyzes the components of an effective advocacy campaign and illustrate how to use them with examples from previous public interest campaigns, including those on smoking, alcohol, and other health issues. Successful campaigns develop and maintain effective networks and coalitions. They attract the attention of the media and the public by innovatively framing issues based on careful research and analysis. The advocates nurture grassroots supporters and encourage their communication and participation. Advocacy campaigns typically operate with few financial or political resources, and rely on values, moral arguments, and enthusiasm. Challenges include building and maintaining sufficient public support to push an issue into the policy arena, and blending advocacy plans and techniques into a cohesive, convincing policy campaign. Leaders who can communicate, consult, implement, and manage achievable advocacy goals while keeping a long-term vision, are a key part of a successful campaign.

Advocacy Institute, 1707 L Street, NW, 4th Floor, Washington, DC 20036; (202) 659-8475/Fax (202) 659-8484. (1990, 46 pp.; $7.50 + $3 p/h)

Andreasen, Alan R.

Marketing social change: Changing behavior to promote health, social development, and the environment

Community agencies and organizations can successfully apply business marketing techniques to stimulate changes in social and health behavior. This book provides a framework to understand social marketing, as well as a practical manual for carrying out a social marketing campaign based on principles of social psychology and marketing. Social marketing is based on the attitudes and current behavior of the target population or "consumer," and how they can be changed in stages over time. The social marketing process includes listening to the customer in focus groups, developing the marketing strategy and its contents, pretesting the strategy on customers, designing the marketing vehicle or program, implementing it, and evaluating it. Understanding the needs, desires, and perceptions of the "customer" is the heart of social marketing. The process uses quantitative and qualitative research methods, as well as "backward research"—a method that defines the decisions to be made and the information needed to make the decisions, and also includes preparing a "prototype" report to assess the type of analyses needed to write the real report. Social marketing considers each stage in human behavior change—ignorance, indifference, contemplation, preparation, action, confirmation, and maintenance, selects the approaches needed for specific segments of the population, and creates partnerships to insure program continuation when "outside specialists" depart. The book offers reasonable and low-cost social marketing approaches, illustrated by examples for attacking widespread social problems, including drug addiction, smoking, immunization, early or unsafe sexual behavior, heart disease, and AIDS.

Jossey-Bass, Inc., 350 Sansome Street, San Francisco, CA 94104; (415) 433-1767/Fax (800) 605-2665 or (415) 433-0499. (1995, 348 pp.; $29.95 + p/h)

Bobo, Kim; Kendall, Jackie; Max, Steve

Organizing for social change: A manual for activists in the 1990s

This guidebook endorses and applies the principles of social change developed in the labor, women's, and civil rights movements to "direct action" community organizing. Choosing an issue that a majority of the community will support is fundamental to social organizing. Key issues are to win improvements in people's lives, to empower them to recognize their full potential, and to change power relationships. Charts, tables, and diagrams help explain the implementation of successful strategies, and how to choose an issue, structure an

organization, and develop an issue campaign. Other topics include organizing skills, creating leadership, recruiting members, organizational support, and developing financial resources. The authors also discuss methods of making demands, communicating positions, and relating to other organizations interested in creating social change, including community boards, religious institutions, and labor unions. A successful "action" organization has a clear model of its goals, its geographic base, membership, decision-making authority, and funding base. The ultimate goal is to build long-term institutions that enable citizens to participate in public life and to control their own lives.

Seven Locks Press, P.O. Box 25689, Santa Ana, CA 92799; (800) 354-5348 or (714) 545-2526/Fax (714) 545-1572. (1996, 2nd ed., 298 pp.; $19.95 + $3 p/h)

Center for the Study of Social Policy
Building a community agenda: Developing local governance entities

Services for children, whether administered at the federal or state level, are often uncoordinated and conflicting, a situation that fragments the services and reduces their impact. Often, various services differ in their approach to vulnerable families, and they prevent comprehensive management at the local level. This paper calls for transforming local government and human services agencies into one governing body in the local community that focuses on children and families. Local collaborations serve to establish agreement in problem-solving for the community, enabling community agencies, institutions, and individuals to cooperate through one governance entity that can set goals and design strategies, develop effective services, and coordinate finances and accountability. By unifying communication, financing, and planning, and consolidating leadership and authority, governing bodies can better serve children and families. To assure they best serve the needs of the community, such bodies must be flexible and prepared for continuing evaluation. Since local governance units are relatively new and localized, there is room for model experimentation. For maximum change, legitimate community groups must have "political ownership" of the process. In planning such governing units, specific issues must be addressed: auspices, membership and representation, authorization of responsibilities, and staffing.

Center for the Study of Social Policy, 1250 Eye Street, NW, Suite 503, Washington, DC 20005; (202) 371-1565/Fax (202) 371-1472. (1991, 23 pp.; $7.50)

Chapman, Simon; Lupton, Deborah
The fight for public health: Principles and practice of media advocacy

This manual describes successful strategies for getting the media to pay attention to public health issues such as alcohol, tobacco, and other drug problems. The authors first lay the theoretical groundwork for media advocacy: understanding what public health advocacy is, reviewing the international research evidence on how health issues are portrayed in the media and how media coverage has significantly changed public knowledge and understanding of the issues, how news media are analyzed for health issue coverage, why a health issue is selected as newsworthy, and how favorable and negative advocacy groups "frame" health issues. The authors then use an A–Z format illustrated with case studies to explain the techniques, tactics, and obstacles involved with media advocacy, ranging from accuracy, bluff, bureaucratic constraints, columnists, letters to the editor, use of celebrities, and learning from other campaigns, to the use of talkback radio and whistleblowers. They define public health advocacy, also called lobbying, as the process of overcoming political, economic, or cultural barriers to public health goals. The goal is to change the legal, financial, physical, and social arenas that influence individual knowledge, attitudes, and behavior. A prime example is Australia's successful sixteen-year drive to eliminate all tobacco product advertising. Advocacy can be aimed at government policies, regulations, or practices, the behavior of large institutions, commercial business-marketing practices, or lobbying the groups that impede public health. The authors emphasize the importance of prevention and of viewing public health advocacy efforts as connected—rather than

random events. The goal is to help the public see an issue as important and to encourage policymakers to act.

BMJ Publishing Group. Distributed by American College of Physicians, P.O. Box 777-R-0270, Philadelphia, PA 19175; (800) 523-1546 or (215) 351-2400. (1994, 270 pp.; $35)

Chrislip, David D.; Larson, Carl E.
Collaborative leadership: How citizens and civic leaders can make a difference

This book helps readers understand collaboration and its potential power as an agent of community change. It discusses the need for collaboration in education, family and child services, and community health care. A collaborative premise is: "If you bring appropriate people together in constructive ways with good information, they will create authentic visions and strategies for addressing the shared concerns of the organization or community." The authors identify the problems inherent in collaborations that stem from the complexity of public issues and differences. They acknowledge that we neither know the answers nor the people responsible for the solutions. They also point out that individualism, which is prized in our society, often impedes collaborative responses to problems. Moreover, procedure-bound bureaucracies, which have impersonal relationships with citizens, are not flexible enough to meet changing needs. The authors call for a "new civic culture" to collectively address shared concerns. They highlight six successful collaborations, and identify factors that must be present for collaborations to succeed: good timing and clear need; strong stakeholder groups; broad-based involvement; credibility and openness of process; the commitment or involvement of high-level, visible leaders; the support or acquiescence of established authorities or powers; overcoming mistrust and skepticism; strong leadership of the process; interim successes; and a shift to broader concerns.

Jossey-Bass Publishers, 350 Sansome Street, San Francisco, CA 94104; (415) 433-1767/Fax (800) 605-2665 or (415) 433-0499. (1994, 192 pp.; $24.95 + p/h)

Conner, Roger; Burns, Patrick
The winnable war: A community guide to eradicating street drug markets

This report describes techniques that individual citizens and residential neighborhood groups can use to remove drug dealers from their streets and reduce local crime, violence, and fear. The way to reduce street drug markets is through strong community action and a cooperative partnership among local citizens, police, politicians, and the courts. Successful efforts include communicating community intolerance to drug dealing, preventing access to space, and overcoming community apathy and sense of powerlessness. Activities include citizen patrols, protests against landlords who rent to dealers, picketing stores that allow drug sales, posting warning signs about citizen surveillance of drug activities, holding community clean-ups, and shutting down businesses such as bars, restaurants, or dance halls that ignore drug selling on or near their property. Space can be denied by screening public housing tenants, eviction, and preventing entrance to non-residents; building fences and barriers to drug sites; and seizing and restoring properties used for drug dealing. Padlock laws and alcohol license laws are also useful. Communities confirm their seriousness about pushing out drug sellers by enacting and enforcing loitering laws and drug-free school zone legislation; by seizing drug buyers' and sellers' cars, houses, and other assets, and seizing businesses and buildings where drugs are sold, and publically selling them; enforcing motor vehicle laws at police checkpoints near drug markets, starting alternative sentencing programs and publicizing informant hot lines; heightening police presence; and banning cellular telephones, beepers, flashy gold jewelry, and other drug sale symbols from schools. Examples from communities across the nation illustrate how individual citizens can implement each of these techniques. The authors call for wider efforts on the city, state, and national level to address drug abuse and crime by increasing treatment programs, employment, child

care, family support, recreation, jail space, and courts.

The American Alliance for Rights & Responsibilities, 1146 19th Street, NW, Suite 250, Washington, DC 20036; (202) 785-7844/Fax (202) 785-4370. (1995, 104 pp.; $12.50)

Homan, Mark S.

Promoting community change: Making it happen in the real world

This guide is a practical and humorous reference for service providers who seek to create social change. To promote real community change, planners must build on the strengths of communities, not their deficiencies. The author connects community activists to the larger social context of change and reminds readers that activists are also human and have personal needs. Sometimes they can get overwhelmed when taking on the system. The book describes conditions that call for change and tells how to implement change at the community level. To assure effective change, the author advises community leaders to focus on the dynamics of group cooperation and teamwork.

Brooks/Cole Publishing, c/o International Thomson Publishing, 7625 Empire Drive, Florence, KY 41042; (800) 347-7707 ext. 4/Fax (606) 525-1543. (1994, 442 pp.; $35.95 + p/h)

Join Together Policy Panel on Preventing Substance Abuse

Community action guide to policies for prevention

This guide offers key steps and strategies for implementing the recommendations of the Join Together Policy Panel on Preventing Substance Abuse, and lists helpful organizations and available resources. Brief vignettes of communities and residents working together to prevent substance abuse where they live illustrate how each strategy can be implemented. A companion document, *Alcohol and drug abuse in America: Policies for prevention*, describes in more detail the major recommendations: an intergovernmental policy to support and fund community-based prevention efforts; official encouragement of local prevention initiatives sponsored by community institutions, groups, and parents; enacting laws that minimize violence related to ATOD use and illegal access to ATOD; public airing of appropriate information; and increasing prevention program accountability and evaluation. Steps to mobilize federal, state, and local policy against ATOD use include convening key government and community leaders, collaborating with federal and state legislators, pooling resources, assessing priorities, gathering community support, and ensuring full community participation. Coalitions can get strong official public support by prioritizing needs, working with other groups, and using the media to highlight prevention efforts. Programs should be targeted to groups throughout the community: families, schools and youth, the workplace, the criminal justice system, the media and entertainment industry, the religious community, the recreation and health care systems, community and civic organizations, and public housing. (Join Together regularly surveys over 1,000 community coalitions fighting drugs. The most recent survey is summarized in the Join Together report: *Leading from the ground up*, described in Section II above.) Violence reduction steps include surveying the relevance of present laws and enforcement, setting higher legal standards, and instituting school conflict resolution programs. Illegal access to ATOD can be stemmed by working with local and state legislators to fill legal loopholes and change weak laws, increase law enforcement budgets, and change tax rates and licensing processes for alcohol and tobacco sales. Information dissemination can be improved by sharing information and training among ATOD prevention agencies and community groups, and by establishing personal contacts for mailings on publications and projects pertinent to the local community. Technical assistance from federal and state agencies can improve evaluation and accountability, as well as learning how to use local indicator data, sharing evaluation tools with other prevention programs, confirming the role of evaluation in successful programs, and linking with local or regional universities to become part of public or private research projects. A separate

report: *Fixing a failing system,* contains six recommendations made by a policy panel of criminal justice experts. It provides program descriptions, and technical and financial resources to help neighborhood activists, residents, employees and employers, and institutions in communities work with the criminal justice system to reduce substance abuse.

Join Together, School of Public Health, Boston University, 441 Stuart Street, 6th Floor, Boston, MA 02116; (617) 437-1500/ Fax (617) 437-9394; e-mail: shelley@jointogether.org. (1994, 48 pp.; free; *Alcohol and drug abuse in America: Policies for prevention,* 1994, 32 pp., free; *Fixing a failing system, national policy recommendations: How the criminal justice system should work with communities to reduce substance abuse,* 1996, 37 pp., free)

Kordesh, Richard

Irony and hope in the emerging family policies: A case for family empowerment associations

The author suggests that families need new organizations which can exert influence on existing institutions (e.g., zoning commissions) to help shape communities in ways which enhance and support families. Current family support strategies are designed to humanize formal systems and agencies to better serve families; a family empowerment strategy is designed to create institutions through which families shape the conditions in which they live. Though not necessarily contradictory, the two systems have different characteristics. For example, family support systems focus on social capacity and caring, while empowerment systems emphasize the exercise of political, economic, and religio-cultural capacities. Also, support systems assert that the community is a resource for families, while empowerment systems say families help build communities. The author traces the shift of functional productive roles from families to formal institutions; asserts that the capacity of families must be strengthened to encourage empowerment; and says that strong communities that strengthen family capacities affirm values, develop shared histories, build attachments to shared places, establish a spirit of interconnectedness, and construct common visions. Family empowerment associations are the best institutional base for families to learn to care for themselves and contribute to community building. The author describes the attributes and goals of empowering organizations, offers a scenario of how to build a family empowerment association, suggests possible host organizations, considers state policies that affect family empowerment, and proposes that family empowerment associations become the mediating influence between individual families and institutions.

Institute for Policy Research and Evaluation, Attn: Research Publications, The Pennsylvania State University, N245 Burrows Building, University Park, PA 16802; (814) 865-9561/Fax (814) 865-3098. (1995, 106 pp.; $18.50)

Kretzmann, John P.; McKnight, John L.

Building communities from the inside out: A path toward finding and mobilizing a community's assets

The authors assert that human services systems attempt to provide what is lacking in a community rather than support and enhance a community's capacities. They illustrate the success of community-based services that derive from "assets-based community development," a philosophy that concentrates on the strengths, capacities, and natural supports of the community, rather than adopting a more traditional "deficiencies and needs" approach. The role of service agencies should be to help residents build on their assets and to support a community's efforts at self-sufficiency. Emphasizing the strengths of community-based services, individuals, local organizations, and local institutions, the guide outlines a step-by-step approach to implementing asset-based community building. It provides information on economic issues, planning procedures, and nonprofit management.

ACTA Publications, 4848 North Clark Street, Chicago, IL 60640; (800) 397-2282 or (312) 271-1030/Fax (312) 271-7399. (1993, 375 pp.; $15 prepaid)

McMahon, Edward T.; Taylor, Patricia A.

Citizens' action handbook on alcohol and tobacco billboard advertising

This manual documents the negative effects of outdoor advertising for tobacco and alcohol products, which are prevalent in poor inner-city communities. It also describes a plan to mobilize citizens for change. Calling billboards a "blight" on black and Latino communities, the authors show how to prevent new billboards and remove or exchange existing ones, change zoning regulations, and control the billboard message. An effective campaign starts with getting the facts about current billboard laws and ordinances, surveying local billboards and preparing a report, gathering allies, implementing the strategies, and petitioning city or county governments. Organizers need to know the opposition and understand how the billboard industry works. The authors provide a sample ordinance and a survey form, a list of additional resources, and a summary of facts and myths about alcohol and tobacco and billboards to help community groups plan and implement anti-billboard campaigns. Useful companion books for mounting the campaign include *Marketing disease to Hispanics: The selling of alcohol, tobacco, and junk foods*, by Bruce Maxwell and Michael Jacobson, and *Marketing booze to blacks*, by George A. Hacker, Ronald Collins, and Michael Jacobson.

Center for Science in the Public Interest and Scenic America. Distributed by Center for Science in the Public Interest, 1875 Connecticut Avenue, NW, Suite 300, Washington, DC 20009-5728; (202) 332-9110 ext. 385/Fax (202) 265-4954; E-mail: circ@essential.org. (1990, 38 pp.; $6.95; *Marketing disease to Hispanics: The selling of alcohol, tobacco, and junk foods*, 1989, 100 pp., $6.95; *Marketing booze to Blacks*, 1987, 70 pp., $4.95)

Mondros, Jacqueline B.; Wilson, Scott M.

Organizing for power and empowerment

The authors demonstrate how community members who are sincerely and fully involved in community organizing processes have more success than others in pursuing and attaining the power to change policies and programs. Along the way, the individuals themselves will gain new perspectives about themselves and abilities to make personal changes. The book focuses equally on the processes and the outcomes of community organizing, with a step-by-step approach illustrated by anecdotes and vignettes from a survey of 42 community organizers and leaders of new and established national, regional, statewide, metropolitan, urban, and local organizations. The authors explore how organizers work with organization members and leaders, and how to involve and recruit members—by building consensus and commitment, identifying and selecting issues, formulating strategies, implementing action, understanding what success is, and communicating success to members and the public. Social action organizations generally fall into three models: (1) grassroots (mostly local, membership-based organizations built on the self-interest and personal involvement of members); (2) lobbying (usually state and national organizing efforts to effect laws and regulations on specific issues); and (3) mobilizing (using mass education for social change, often with a "charismatic" viewpoint to help the powerless, but with less reliance on members' participation). The authors believe that organizers are often too rigid in their thinking about the way a particular type of social action organization should function, and many lack full awareness of the costs and advantages of action decisions. To be successful, social change organizations need to pay more attention to recruitment and maintenance of members, employ more than one ideology or change orientation, take the opposition seriously, connect local issues with national ones, and create coalitions with other organizations.

Columbia University Press, 136 South Broadway, Irvington-on-Hudson, NY 10533; (914) 591-9111/Fax (914) 591-9201. (1994, Empowering the Powerless Series, 266 pp.; $22.50 + p/h)

Wallack, Lawrence; Dorfman, Lori; Jernigan, David; Themba, Makani

Media advocacy and public health: Power for prevention

This book addresses the relationship between media and public health. The basic idea behind media advocacy is to link the individual to society. From a public health perspective, media advocacy addresses social and political factors that influence health issues. Although many people view the media with distrust, the media can be a powerful tool to influence people and promote health, and to help public health advocates mobilize a community to reach populations that are at risk or hard to reach. These groups then develop a voice to draw attention to their situation or concern. Media advocacy involves changing power relationships, and increasing public knowledge. It can be used to pressure decision makers to develop positive health initiatives. The book examines the practice and theory of media advocacy, and how the media functions. Authors advise health advocates to research their issues well, frame the issues from their perspectives, develop an agenda, build coalitions, and specify goals. Accounts of media advocacy campaigns highlight important lessons, like publicizing an issue by portraying an individual's dramatic struggle.

Sage Publications, Inc., 2455 Teller Road, Thousand Oaks CA 91320; (805) 499-0721/Fax (805) 499-0871. (1993, 217 pp.; $42 cloth, $18.50 paper + $2 p/h)

Wechsler, Robin, with Tamar Schnepp

Community organizing for the prevention of problems related to alcohol and other drugs

This guide for prevention professionals and activists suggests an environmental approach to prevention in the community. Part I of the guide specifies the basic principles of successful community organizing: the first steps (listening, building trust, recruiting members); forming an organization (group structure, venting, challenge, leadership); and maintaining an active organization (evaluation, celebration). In Part II three case studies of community organizations in Northern California demonstrate the diversity of community-based groups in a single geographic region: The Mill Valley Drug and Alcohol Abuse Prevention Council in an affluent, white community; The Marin City Task Force in an African American community; and the Novato Drug and Alcohol Abuse Prevention Council, in a suburban setting. The authors describe the challenges and processes that the groups have faced in community organizing, including motivating and maintaining involvement, organizing, and building partnerships.

The Marin Institute for the Prevention of Alcohol and Other Drug Problems, Attn: Jackie Schafer, 24 Belvedere Street, San Rafael, CA 94901; (415) 456-5692/Fax (415) 456-0491. (1993, 54 pp.; $3)

FAMILY SUPPORT, PARENTING, AND PARENTAL LEADERSHIP

Allen, Marylee; Brown, Patricia; Finlay, Belva

Helping children by strengthening families: A look at family support programs

Family support programs are community-based parenting support and education programs through which lay and professional workers reach out to families through home visits, peer support groups, house-to-house canvassing, or in neighborhood centers, schools, and other community facilities. They seek to provide practical and emotional support to ensure healthy child development and family well-being. They are also prevention-oriented, compared to traditional family intervention programs, reflect cultural sensitivity and flexibility toward family and community needs, and offer a range of services. This report describes what family support programs do, how they function, why they are needed, and what makes them effective with families who have problems, including low-income families. Descriptions of 30 programs reflect the settings in which family support and education principles work well. Maryland's Friends of the Family Network and Missouri's Parents as Teachers (PAT) program are statewide, and some initially local and statewide efforts have become national program movements, such as PAT and HIPPY (Home Instruction Program for Preschool Youngsters). As human services systems reorganize, more family support personnel will be needed, and programs need to mold their practices to individual communities.

Children's Defense Fund, Attn: Publications, 25 E Street, NW, Washington, DC 20001; (202) 662-3652/Fax (202) 662-3510. (1992, 93 pp.; $6.50 + $2 p/h)

Barth, Richard P.; Pietrazak, Jeanne; Ramler, Malia, Editors

Families living with drugs and HIV: Intervention and treatment strategies

This book integrates information from many fields that is generally not shared among professionals who provide services to HIV-positive people or about families living with substance abuse and HIV/AIDS. Children in substance-abusing families are caught in a situation where health care and child welfare support services do not appropriately address substance abuse, poverty, sex, HIV/AIDS, and crack cocaine addiction. In New York City alone, by the mid-1990's, 50,000 children are estimated to have lost at least one parent to AIDS. Tracing the route of infection for most HIV-positive women (sharing needles during injected drug use or sexual contact with men who are HIV-positive), the authors assert that an interdisciplinary approach to service delivery is needed. They describe addiction, focusing on the problems of drug- and AIDS-affected infants and their families, and address ATOD abuse prevention, including approaches to prenatal care that help prevent a drug-affected childhood, and services to families already involved with drugs. They also evaluate legal options and policy initiatives.

Guilford Press, 72 Spring Street, New York, NY 10012; (800) 365-7006 or (212) 431-9800/Fax (212) 966-6708. (1993, 368 pp.; $45 cloth; $23.95 paper + $3.50 p/h)

Children of Alcoholics Foundation

Report of the forum on protective factors, resiliency, and vulnerable children

This report states that one in four children of alcoholics will become an alcoholic. The report focuses on the resiliency of the other three healthy children, asserting that certain strengths and protective factors help children of alcoholics grow up to be successful, fully developed adults. These factors include a supportive, positive, infant experience, and a school and community that provides healthy outlets for success and achievement. The report also

probes the actual meaning of resiliency—its sources and manifestations—and states that resilience is contextual, increasing and decreasing over time. It encourages researchers to explore the role of resiliency and to advocate for collaboration between researchers and programmers to enhance and increase resiliency factors in the lives of children of alcoholics. The report includes an annotated bibliography of relevant articles and books and lists of sources of support for children of alcoholics.

Children of Alcoholics Foundation, Inc., Box 4185, Grand Central Station, New York, NY 10163; (800) 359-2623 or (212) 754-0656/Fax (212) 754-0664. (1992, 43 pp.; $7.50)

Dickerson, Bette J., Editor

African American single mothers: Understanding their lives and families

This volume emphasizes the strengths and resiliency of African American single mothers and their families who make up over 55 percent of all black families with children under 18 in the U.S. It gathers research evidence to refute the stereotype that African American single mothers are dysfunctional, and transmit a "culture of poverty" to their children. Economic inequality has led single-parent families to create extended networks of blood relations and friends who participate in a "system of reciprocity" and provide mutual aid based on trust, much of it grounded in positive African cultural values handed down through the generations. These values include respect for wisdom based on experience, high esteem for elders, the communal value of extended family and friendship ties, practical spiritual ethics, and a group survival psychology. These families, in fact, have the productive power and knowledge to make informed life decisions and to transmit strength to the next generation. The authors criticize researchers for ignoring how the extended or multigenerational family carries on household-related activities. They define these families as "matrifocal" (mothers, daughters, and children sharing resources or households), rather than matriarchal (females dominating males), and emphasize that the absence of fathers in families does not necessarily mean that supportive men are lacking. Specific chapters explore the relation of African heritage and the experience of slaves and "free blacks" to present African American female-headed families; the impact of African religions and value systems on black women's views of sex, single motherhood, and social behavior; the psychology of African American teenage mothers; and the portrayal of black single mothers by the mass media. Other topics include how the legal system and social policies favor the interests of white American males and have contributed to the rapid increase of single-mother families; the negative effects of economic inequality on children—such as more emotional and mental illness, substance abuse and criminal behavior; the positive outcomes on child development in single-mother families that have strong adaptive behavior; and the unique roles of grandmothers and relatives.

Sage Publications, Inc., 2455 Teller Road, Thousand Oaks CA 91320; (805) 499-0721/Fax (805) 499-0871. (1995, Sage Series on Race and Ethnic Relations, Vol. 10, 196 pp.; $52 cloth; $24 paper + $2 p/h)

Dunst, Carl J.; Trivette, Carol M.; Deal, Angela G., Editors

Supporting & strengthening families, Volume 1: Methods, strategies and practices

The editors lay out a framework and model for working with families using family-centered assessment and intervention approaches. They emphasize family support practices guided by the family and based on its needs. Contributing authors confirm that all families have strengths and the ability to become more competent, and that both formal and informal support sources help families thrive. How practitioners work with families is as important as the particular supports chosen, and family empowerment is a goal of successful support efforts. All families benefit from activities that promote and expand competency, and priority should not go to treatment over prevention and promotion models for helping families. The key to family support is the process of developing the Individualized Family Support Plan (IFSP). The book details

how to develop the IFSP in ways that empower the family to consider their needs, strengths, and available resources in the community, and also to develop other aspects of parent and family functioning. Examples from research illustrate the model, and special attention is paid to helping families whose young children have disabilities. (A second volume, *Empirical findings and outcomes*, reporting on studies that test the family-centered model is forthcoming.)

Brookline Books, P.O. Box 1047, Cambridge, MA 02238; (617) 868-0360/Fax (617) 868-1772. (1994, 251 pp.; $30 + p/h)

Elkind, David
Ties that stress: The new family imbalance

The author argues that society is placing extraordinary demands on children and youth, and he calls on parents, teachers, and health professionals to "reinvent adulthood" and value child and adolescent development. Adults have lost their sense of building the next generation, and the family has moved from modern "nuclear" to "post-modern permeable." The nuclear family provides a clear separation between private and public, home and workplace, and children and adults, but also emphasizes children's physical and emotional needs over adult needs, especially the mother's. The post-modern family gives more lifestyle options to parents—single, divorced, or blended families—and emphasizes parent and adult needs. Stress—caused by the demands of family and work in an age of declining incomes and employment, loss of institutional support, mass communications, and rapid social change—has led to parents and society viewing children as needing less security and guidance, creating the new imbalance. Family life has gone from child-centered to parent-centered, and the value of togetherness has given way to autonomy. Childrearing, formerly based on parental intuition, now emphasizes techniques, and children are viewed as competent rather than innocent, while adolescents are characterized as sophisticated rather than immature. As a result, children and youth experience more stress than adults. The length of childhood has been shortened, and exuberant behavior once viewed as normal, is now classified as psychological dysfunction. The author labels this the new morbidity. Its consequences include negative physical and psychological child development (obesity, malnutrition, lack of strength), poor academic performance, increasing ATOD use by children and at younger ages, rising teenage suicide rates, lower age of initiation of sexual behavior and teenage pregnancy, higher incidence of sexually transmitted diseases among youth, and greater juvenile crime and violence. A new family form: the "vital family," which balances adult and child needs and nurtures both, will hopefully overcome these new morbidities. Parents can re-establish responsibility for their children by setting standards and rules and by appreciating each child's uniqueness and specialness. Likewise, teachers can encourage group sharing of experiences. Society as a whole can learn to share adult spaces with children and adolescents and can make child spaces safe and accessible.

Harvard University Press, 79 Garden Street, Cambridge, MA 02138; (800) 448-2242 or (617) 495-2480/Fax (800) 962-4983 or (617) 495-5898. (1994, 260 pp.; $12.95 + $3.50 p/h)

Federation for Community Planning, Council on Children, Youth and Families, Family Center Planning Project
Guide to developing neighborhood family centers: Strategies for service integration and community building

This guide highlights the Ohio Family Center Planning Project, which uses a family center approach to primary prevention and to developing family and community capacity. An integrated service delivery system is located in or is accessed through family centers that target families with young children, youth, the elderly, and men. The family center, designed for family and community healing, offers educational and recreational opportunities. It is surrounded by multiple resources in the neighborhood and community, whose services and facilities support families in need. The guide describes how to implement a family center based on three levels of participation (service access,

group activities, and family assistance). Sections address basic concepts, planning, structure, collaboration, and working with specific populations. Topics of particular interest are substance abuse prevention, funding techniques, and coordination with local and federal agencies.

Federation for Community Planning, 614 West Superior Avenue, Suite 300, Cleveland, OH 44113-1306; (216) 781-2944 ext. 414 or 415/Fax (216) 781-2988. (1992, 107 pp.; $10 prepaid)

Ford, Elizabeth A.
Goal one: Resource directory

This directory outlines 88 collaborative community-based programs serving poor young children and their families. These programs can be models for groups starting or expanding services and for advocates of increased programming for populations with the least resources. The directory emphasizes programs that provide preventive, comprehensive services. This sampling includes inner-city and rural programs, and programs for Native American communities, Appalachia, and the Mississippi Delta, and U.S. colonies near the Mexican border. Each one-page profile includes contact information, the population served, funding sources, and descriptions of the program and its effectiveness.

National Association for the Education of Young Children, 1509 Sixteenth Street, NW, Washington, DC 20036-1426; (800) 424-2460 or (202) 328-2604/Fax (202) 328-1846. (1991, 101 pp.; free, limited quantities)

Garbarino, James
Raising children in a socially toxic environment

Living in today's society is dangerous to children's health and well-being. The author traces this situation to the deterioration of the social environment, to a changing economy, the increasing dependence of families on government and the community for support, and the violent, empty nature of contemporary culture. In this "socially toxic" environment, young children are especially vulnerable to emotional and behavioral problems, to being the victims and instigators of abuse and violent behavior, to becoming teenage parents, and to dropping out of or failing in school. The book paints a picture of how childhood should be, and shows how individual adults and communities can provide the ingredients children need to grow up healthy: a stable, strong family and child care situation; a safe, secure home and community; positive self identity; time spent with family and other caring adults; a positive connection to and a valuing of the community; and access to basic elements of living (food, clothing, shelter, education). Children living in poor families, with their greater accumulation of risk factors for unhealthy outcomes (such as poverty; absent father; low parental education; inflexible, punitive parenting; minority group status; parental substance abuse or mental illness; or large family size) are most affected by the present society. He suggests children can be resilient with up to two or three risk factors, but as risk factors mount their self image and achievement potential are seriously affected. Individuals, parents, and communities can foster positive child development through more interpersonal contact (reading, music, game-playing), less television, modeling empathizing and less dehumanizing behavior, and establishing home-visiting programs and positive standards of behavior.

Jossey-Bass Publishers, 350 Sansome Street, San Francisco, CA 94104; (415) 433-1767/Fax (800) 605-2665 or (415) 433-0499. (1995, 199 pp.; $25 + p/h)

Goetz, Kathy, Editor
Empowerment and Latino families

This special journal issue, with contributions by noted Latino scholars and activists, explores the diversity of Latino families in the United States. Current social policies and service delivery systems, the contributors argue, have neglected and often weakened Latino families. They describe effective programs to improve child and family well-being that are sensitive to ethnic and cultural subgroups and that help empower them to improve the qual-

ity of their family lives and bring about social change. Demographers project that Latinos will be the largest U.S. minority group by the next decade. Currently two out of five Latino children are born poor. Issues include how researchers perceive Latino families; the role of child welfare and family support services in Latino culture; the effects of poverty on Latino family health; spirituality and religion in Latino identity; and public policy as a factor in Latino poverty. Program profiles cover school-linked parent empowerment training; preschool and day care for migrant families; adolescent alternative programs; mental illness community education; programs for people with disabilities; and family support programs that include youths and senior citizens.

Family Resource Coalition Report, Fall/Winter 1994–95, 13(3–4): 1–46

Kagan, Sharon L.; Weissbourd, Bernice, Editors

Putting families first: America's family support movement and the challenge of change

This book defines the principles of the growing family support movement. It shows how these principles are being applied with families at home, in schools, in health care delivery, in the workplace, in religious institutions, in the criminal justice system, and in child welfare services and other social services. It also addresses issues of quality, training and evaluation. Family support programs—especially those aimed at families that live in poverty or are jobless, in poor health, or experiencing social stresses—provide emotional support and the information and assistance needed to help families become strong and stable. Key principles include involving parents, treating the family as a unit, and recognizing that family life influences a child's development more than anything else. The authors suggest that American individualism has led to family neglect, especially when comparing the United States to other industrialized countries, and they argue for a new relationship between families and society. They propose that preventive health care take a community-based two-generation approach to meet families' basic needs for food, housing, parenting information, and safe and nurturing communities. They suggest that more attention go to the role of the church in supporting families, and to promising initiatives in the justice system and the mental health and substance-abuse treatment systems. Challenges include staffing and supportive supervision; funding; cultural appropriateness and individual diversity; infusing national, state, and local policy with family support principles; working in high-risk communities; and operating in fragmented service systems.

Jossey-Bass, Inc., 350 Sansome Street, San Francisco, CA 94104; (415) 433-1767/Fax (800) 605-2665 or (415) 433-0499. (1994, 558 pp.; $45 + p/h)

Kropenske, Vicki, Editor

Supporting substance abusing families: A technical assistance manual for the Head Start management team

Head Start is family-focused and provides significant services to families. By supporting and nurturing the strengths of both the child and the family, Head Start can play a pivotal role in supporting families who abuse ATOD. This manual is designed to strengthen the ability of Head Start staff to respond to the needs of participating families. It orients staff toward working with Head Start participants and substance-abusing families, describes the characteristics of substance-abusing parents, and explains how to assess families and respond to their needs. It emphasizes the uniqueness of each child's experience and situation, pointing to the need for individualized approaches. It features a "circle of capacities" that illustrates the continuum of services that Head Start programs should develop to prevent substance abuse, including staff preparation and support, family wellness, early intervention, referral and support, and community collaboration and partnership. Topics include assessment tools, an overview of drugs, a review of complications for newborns and preschoolers, ethical considerations for the staff (including the issue of confidentiality), and practical approaches to intervention. Suggestions for

supporting Head Start participants who are children of ATOD users include providing a structured, predictable schedule of activities, asking children to verbalize their actions, and encouraging children to bond with each other.

U.S. Department of Health and Human Services, Administration on Children, Youth and Families, Head Start Bureau, P.O. Box 1182, Washington, DC 20013; (202) 205-8560. (1994, 50 pp.; free)

Kumpfer, Karol L.

Strengthening America's families: Promising parenting strategies for delinquency prevention user's guide

The author reviews the research on how early childhood parenting practices and the family environment are connected to later delinquent behavior in youth, and describes the 25 most promising intervention programs found in a national search of model family strengthening programs. She describes "socially deprived families"—those whose children and adult members are most vulnerable to ATOD use, low academic achievement, behavior problems, and chronic delinquency. Research shows that programs that aim to improve family functioning and strengthen protective factors (such as the ability to form a caring relationship with an adult, formulate long-range planning, or relate to the school and community), have greater impact than child or youth-only skills training. The author presents a matrix of program types by age of child and degree of family dysfunction (all families, at-risk families, or those in crisis), and distinguishes between approaches that concentrate on the parents (parenting approaches), and those that involve the parent with at least the target child (family approaches). Parenting approaches include: (1) parent education programs (limited to a few lectures and simple exercises); (2) behavioral parent training (using programmed instructional materials, many experiential exercises, and homework); (3) Adlerian parenting programs (using principles of clinical psychology, such as PET and STEP); (4) parent support groups (as exemplified in Toughlove, PRIDE, and Mothers of Pre-Schoolers —MOPS); (5) in-home parent education; and (6) parent participation in preschool settings (such as Head Start) or youth groups (such as City Lights). Family intervention approaches include family education programs (lectures or home workbooks); family skills training (behavioral training); family therapy (using specific therapeutic techniques that are structural, functional, strategic, or structural-strategic); family services models; in-home preservation; and surrogate family approaches (using extended family members or other adults instead of the parents, such as The Teaching Family Model–TFM). The author suggests several ways to improve current family strengthening programs: increase their intensity; match family needs and child developmental stages with program approaches and make them easily understood and culturally relevant; screen for disruptive parents; oversee careful recruitment and retention of families; overcome barriers to participation (such as transportation and child care); give other needed services; choose easy to use, low-cost program materials; and assess program impact in the short- and long-term. Many of the programs profiled specifically target families with preschool-aged children and are easy to replicate.

U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention. Distributed by National Criminal Justice Reference Service, P.O. Box 6000, Rockville, MD 20849-6000; (800) 638-8736/Fax (301) 251-5212. (1993, Order No. NCJ 140781, 105 pp.; $13)

Larner, Mary

Linking family support and early childhood programs: Issues, experiences, opportunities

Child care and early education programs of all types can incorporate the principles of family support and serve as "hubs" of services for families and of new program relationships with parents. This report describes how the goals, services, and funding of family support make all types of early childhood programs suitable for encompassing family support principles: equality and respect in relationships between family and staff; empowering families to be resources for themselves and others;

being culturally appropriate, community-based, and voluntary; and building parenting skills. The author documents how early childhood programs have included and helped parents. She highlights the work of Head Start and other child care programs, and describes early intervention and two-generation programs that provide services like home visiting, parent education classes, family literacy, parent-child interaction, and family service centers: for example the Syracuse Family Development Program in Syracuse, New York; Yale Child Welfare Project in New Haven, Connecticut; Project CARE in Chapel Hill, North Carolina; Brookline Early Education Project in Brookline, Massachusetts; Avance in San Antonio, Texas; Step-up in Chicago, Illinois; Parent Services Project at 20 sites in California; New Chance teenage parent demonstration; Even Start programs; and Comprehensive Child Development Program (CCDP) demonstration. To successfully combine family support and child care, early childhood programs should provide equally for the needs of the children and adults, give family members opportunities to work together, and employ family supportive principles in all program components, especially when referring families to services. The author recognizes that finances, a history of focusing only on children, and recent efforts to secure professional recognition will prevent most young children's programs from becoming the comprehensive models described in the report, but she is optimistic that family support principles can be implemented by using the model programs as guides. Typical early child care programs can foster parent participation, train staff to relate to parents, hire staff who identify with the families and their culture, and set up ways to solve conflicts.

Family Resource Coalition, 200 South Michigan Avenue, 16th Floor, Chicago, IL 60604; (312) 341-0900 ext. 129/Fax (312) 341-9361. (1995, Guidelines for Effective Practice Series, Best Practices Project Commissioned Paper No. 1, 38 pp.; $5 members, $7 nonmembers + $2.50 p/h)

Levine, James A.; Murphey, Dennis T.; Wilson, Sherrill

Getting men involved: Strategies for early childhood programs

This guide helps program planners develop projects that specifically involve men in raising children. It stresses the importance of male involvement in project development, assessment, and goal-setting. Male involvement with young children can help change current stereotypes of women raising children alone. Also, men who participate in child care provide positive role models for children who are without such figures in their lives. The book includes exercises to help the reader explore personal attitudes and reactions to male involvement with children and describes fourteen model programs facilitating male involvement. For example, the Manpower Program of the Miami Valley Child Development Centers of Dayton, Ohio, recruits men from the community to volunteer in classrooms. In Minnesota, the public schools offer a program called Dad and Me, in which significant males can spend time with children after work in the classroom and can relate to other men as well. These programs support healthy parenting techniques and encourage men to take responsibility for their roles in child development. The guide lists resources available to implement projects that involve men with preschoolers.

Scholastic, Inc., Early Childhood Division, P.O. Box 7502, 2931 East McCarty Street, Jefferson City, MO 65102; (800) 724-6527 or (314) 636-5271/Fax (314) 635-5881. (1993, 96 pp.; $11.95 + $2.25 p/h)

Levine, James A.; with Pitt, Edward W.

New expectations: Community strategies for responsible fatherhood

The authors argue that community institutions dealing with families can be the positive catalyst to draw men into their children's lives. Yet, these same institutions—schools, early childhood centers, health and social service agencies, religious institutions, courts, and other community organizations—too often transmit negative expectations

about fathers—whether unmarried, married, or divorced, employed, or unemployed—and their involvement with their children. While also calling for stronger family support and job creation programs to increase responsible fatherhood, the authors show how institutions across the U.S. are expecting and successfully encouraging men to act responsibly. Promising program approaches identified during an 18-month search have these ingredients: (1) they have high expectations for fathers' behavior; (2) they provide social supports (from another parent, mentor or colleague); and (3) they recognize the pivotal role of women (as mothers, spouses, and staff members). Program vignettes and quotes from participants and program personnel illustrate how negative expectations of boys and men can be replaced by positive, behavior enhancing ones to prevent pregnancy and premarital sexual activity, establish paternity, prepare teenagers and young men for parenthood (legally, financially, and emotionally), establish the emotional bond between father and child, and involve fathers in the daily care of their own children and those of others in their communities. The book includes exercises to help the reader explore personal attitudes and reactions to male involvement with children and practical tips to facilitate programs. It traces the history of "fatherlessness" as a social phenomenon in the United States and provides a directory to over 300 father-oriented community-based programs and organizations. It lists national resource organizations, and also includes an annotated listing of 100 helpful books and articles.

Families and Work Institute, 330 Seventh Avenue, New York, NY 10001; (212) 465-2044 ext. 237/Fax (212) 465-8637. (1995, 225 pp.; $22 + $3.50 p/h)

Minkler, Meredith; Roe, Kathleen M.

Grandmothers as caregivers: Raising children of the crack cocaine epidemic

The U.S. Bureau of the Census estimates that in 1991, 3.2 million children under 18 were living with their grandparents or other relatives, an increase of about 40 percent over the decade earlier —the period during which crack cocaine emerged. Despite the growth of grandparent "parenting," public policies have not changed to accommodate the primarily economic needs of these caregivers and the children for whom they are responsible. The authors label as false the notion of a lack of strong kinship networks among African Americans, and trace the past and present roles of grandmothers, their health status, and their economic and social support systems. Focusing on the experiences of African American women who are caring for their grandchildren in Oakland, California, complex intergenerational dynamics are explored, noting the lifestyle changes that grandmothers face when they become caregivers (often reducing or leaving employment), the health of crack cocaine exposed babies, and the lack of monetary or practical support for these women. The experiences of grandmother caregivers should be included in discussions of social welfare policy changes.

Sage Publications, Inc., 2455 Teller Road, Thousand Oaks, CA 91320; (805) 499-0721/Fax (805) 499-0871. (1993, 240 pp.; $44 cloth, $18.95 paper + $2 p/h)

National Crime Prevention Council

Bringing up a drug-free generation: How communities can support parents

This booklet describes simple, low-cost strategies to help parents and communities prevent their children from using alcohol and other drugs. It is based on ideas exchanged at a 1991 Parents' Forum co-sponsored by the National Crime Prevention Council and the Parents' Resource Institute for Drug Education (PRIDE). It illustrates how parent peer groups can be a significant force in changing community attitudes and individual social behavior. It also shows how individual parents can be prevention catalysts if they are supported by influential officials and citizens in the community. A rationale and examples accompany each innovative idea describing how communities took action. The ideas vary from positive to negative actions. Legal measures such as enforcing under-age selling laws can send a message that ATOD use is not acceptable for young people. Community groups can provide program substitutes for drug or alcohol

use—such as recreation. Schools can provide parent training and information to students and parents, organize before- and after-school programs, and work harder to make schools drug and alcohol free. Businesses can hold seminars and make drug and alcohol treatment services available to employees. Organizations can refrain from serving alcohol at events involving families. Support can come from government agencies, schools, businesses, the media, religious groups, veterans organizations, children's groups like the Boy Scouts, and other community organizations. Parent participation in conceiving the ideas, and planning and carrying them out, is key to prevention efforts.

National Crime Prevention Council. Distributed by NCPC Fulfillment Center, P.O. Box 1, 100 Church Street, Amsterdam, NY 12010; (800) 627-2911/Fax (518) 843-6857. (1992, 31 pp.; $5.95 + 10% p/h prepaid)

National Crime Prevention Council
Mission possible: Churches supporting fragile families

This booklet outlines a demonstration parent mentoring program implemented and evaluated at six black churches and three divinity schools in three cities: Hartford, Connecticut; New York, New York; and Washington, DC. Begun as a delinquency prevention model, it is based on the premise that a supportive adult serving as an extended family member in a long-term relationship can help strengthen parents and children to lead healthy lives. The mentors are volunteers drawn from older adult church members. They are trained by pastors with specific guidance and resource assistance from divinity schools. These demonstrations integrated the program into each church's mission, received active support from the pastor, had an assigned coordinator and recruitment plans for mentors and for families, gave ongoing training and support to mentors, and had a system for matching mentors and families. Besides its positive impact on all areas of family functioning, the program strengthened the faith and families of the mentors and their skills in negotiating human service systems, improved the churches' commitment to family and community building, and led to other family support activities that attracted new families to the churches and strengthened relations with other community agencies and organizations. The community also benefited by having a new partner to serve as a resource and advocate for families. For the divinity schools, the program stimulated curriculum changes that emphasized parenting and family strengthening activities. Brief entries describe each site and give a step-by-step plan of action.

National Crime Prevention Council. Distributed by NCPC Fulfillment Center, P.O. Box 1, 100 Church Street, Amsterdam, NY 12010; (800) 627-2911/Fax (518) 843-6857. (1990, 34 pp.; $5.95 + 10% p/h prepaid)

Ooms, Theodora; Cohen, Elena; Hutchins, John
Disconnected dads: Strategies for promoting responsible fatherhood

This report describes the first of two meetings on fatherhood issues held by Family Impact Seminar. The participants suggest that state and federal programs follow the lead of private, nonprofit projects and social service agencies in involving fathers. It notes that 24 percent of U.S. children now live in families without fathers present. Only one out of six children in these families have paternal visits at least once a week, and many live in communities where more than half of the families with children have no adult male present. The seminar participants agreed that community goals should include preventing the fathering of children out-of-wedlock; establishing legal paternity if males do father such children; enforcing absent fathers' payment of child support; and fostering close bonds between absent fathers and their children. The report describes creative ways to meet these goals. It summarizes the beginnings and evolution of the "fatherhood movement," and includes a list of organizational resources and references, paying special attention to programs targeted to fathers in "fragile" families (those with out-of-wedlock births and low-skilled parents who neither establish paternity nor marry), and to programs involving

fathers in activities usually aimed at mothers and children (such as child welfare, mental health, substance abuse, and juvenile justice system services, or traditional maternal and child health (MCH) programs). Research documents that fathers do care, their presence makes a difference in their children's well-being, parenting behavior strongly reflects intergenerational beliefs and practices, and unemployment interferes with family formation and paternal involvement. Present public programs, however, create barriers to male participation in poor families. The authors call for additional supports to build parenting skills and committed fathers, especially through Head Start and other early childhood programs, MCH programs, public schools, family support and parent education activities, and programs for families of special needs children. Federal and state programs can play a role by funding innovative programs to reach fathers, removing financial and administrative obstacles to paternal involvement, establishing financial incentives, setting positive legal and administrative guidelines to promote responsible behavior by fathers, mandating more research and data collection on fathers' program participation, and enhancing program staff training and technical assistance to focus on fathers.

Family Impact Seminar, 1730 Rhode Island Avenue, NW, Suite 209, Washington, DC 20036-3101; (202) 496-1964 ext. 10/Fax (202) 496-1975; E-mail: HN4076@handsnet.org. (1995, Background Briefing Report No. 36, 70 pp.; $10)

Smith, Sheila, Editor

Two generation programs for families in poverty: A new intervention strategy

This book describes several successful operating programs that combine services for the healthy development of poor children with activities to help parents become economically self-sufficient. These two-generation programs have a mix of services aimed at positive child development (such as early childhood education, quality child care, health care, and parent education), and at parent self-sufficiency (such as adult education, social support, parent education, and vocational training). For the parents, these programs emphasize the building of skills over immediate job placement, although some programs build work experience into activities. For the children, a combination of direct activities and parenting education enhances their physical, social, and intellectual development. Profiled programs include the Even Start Family Literacy Program, Avance Parent-Child Education Program, New Chance: Comprehensive Services for Disadvantaged Young Families, and three variations of Head Start initiatives. Program evaluations consider how to engage and retain families, when to intervene, the intensity and mix of services, and how to evaluate and compare program outcomes for children and parents. The studies show that building a knowledge base about two-generation programs is a long and complicated process, involving large community change initiatives. New research should include more cost and impact comparisons, emphasize family change and child development processes, and follow families through the child's early elementary school years.

Ablex Publishing Corporation, 355 Chestnut Street, Norwood, NJ 07648; (201) 767-8455/Fax (201) 767-6717. (1995, Advances in Applied Developmental Psychology, Vol. 9, 288 pp.; $55 cloth, $24.50 paper + p/h)

Wilmes, David J.

Parenting for prevention: How to raise a child to say no to alcohol/drugs

Parents are the most influential source of knowledge, appropriate skills, and behavior for children. The growing complexities of our culture make the teaching of life skills to children especially important. The author's goal is to educate parents, teachers, and other concerned adults in how to help children make appropriate choices regarding ATOD. The guide explains the circumstances that lead young people to use drugs and recommends that parents and adults offer a consistent and unified set of expectations to children to encourage life skills. Expressing and processing emotions is a key skill, especially for healthy decision-making,

and communication and refusal skills are also necessary. Often, for young people having difficulty identifying their feelings, ATOD offers an attractive escape. Guidelines for parenting include establishing effective limits and consequences, nurturing a sense of family connection, and creating a safe home environment. Adult modeling is also central to child development. The author also discusses the special concerns when a parent is involved with or recovering from ATOD abuse. Children of substance abusers are at greater risk of ATOD use themselves because of exposure to their parents' drug abuse. For these children, the addictive biological reaction to chemicals, plus the pain of growing up with an addicted parent, may be numbed by using ATOD.

Johnson Institute Books, 7205 Ohms Lane, Minneapolis, MN 55439; (800) 231-5165 or (612) 831-1630/Fax (612) 831-1631. (1988, 197 pp.; $12.95 + $5.50 p/h)

Winn, Marie
Children without childhood

The author asks "shouldn't childhood be special and different?" Children in the past were shielded from life's problems, but today's children experience on a regular basis the often chaotic and troubling adult world. Moreover, parents who believe the notion that personality is, to a large extent, formed during the years from 0–5, may abdicate child development responsibilities and oversight once children have reached school age. While this perspective might help a parent or primary caregiver with her or his own time management, it can leave a child anchorless during a critical developmental period. This situation contributes to the development of risk factors for a variety of problems such as school failure and substance abuse. Children's glimpses of the adult world, often through television, tell them that adults are untrustworthy, and can therefore be disregarded. The author cites many examples of how children have been robbed of their childhood. For example, children pay money to play video games—which makes them consumers, just like adults. Likewise, when opportunities for creative play give way to an emphasis on early academics such as kindergartens incorporating test-taking and homework, there is a blurring of sharp boundaries between children and parents. In addition, a loss of parents' confidence in their own good instincts and basic parenting abilities occurs, and parents attempt to explain and negotiate every issue rather than just telling children what they need to do. Another result is a sharing with children of parents' innermost vulnerabilities, fears, and uncertainties, which causes fearfulness in children who need to have a sense of parental omnipresence and strength in order to feel safe and protected.

Pantheon Books, Random House. Available in libraries. (1983, 224 pp.)

ATOD PROBLEMS → EFFECTS AND TREATMENT

Acuff, Katherine; Spolarich, Audrey Wright; Andrulis, Dennis P.; Gerstein, Sheri

Vulnerable women and visionary programs: Safety net programs for drug-involved women and their children

The authors present a model for comprehensive services to pregnant and parenting women who use cocaine or other drugs. They also provide case studies of 15 programs. Drawing on information from site visits and a national meeting of program participants, the authors describe program components and challenges, address program sustainability, and make recommendations to public policymakers. The programs' clients are mostly poor or minority women who use many drugs, are less likely to seek prenatal care, and have higher social and medical risks than their male counterparts in drug treatment. They have fewer job skills, more unemployment, and lower self-esteem, and are single parents or involved with a drug-using partner or a partner opposed to drug treatment. The programs share several characteristics. They are based in urban public hospitals; emphasize parent support and family preservation activities and social services coordination; and provide perinatal care either directly or through referrals. Also they are commonly governed or advised by formal interagency or community advisory boards and operate on minimal budgets, usually short-term demonstration grants or research funds. The authors call on state and federal policymakers to help these programs move to permanent status through stable and sufficient sources of funding.

National Public Health and Hospital Institute, 1212 New York Avenue, NW, Suite 800, Washington, DC 20005; (202) 408-0029/Fax (202) 408-0235. (January 1994, 337 pp.; $25)

Bavolek, Stephen J.

Alcohol, anger and abuse: Understanding the relationship between alcohol and other drug abuse, and child abuse and neglect: Handbook for professionals

This handbook identifies the characteristics of child abuse and neglect, which sometimes occur in drug-abusing families. The author states that parents abuse and neglect children either as a reaction to the child or from an inability to cope with stress. Many parents who abuse their children were abused as children, and many are addicted to alcohol and other drugs because they are in pain or angry about their earlier experiences. The author asserts that service providers need to understand the connection between ATOD use, anger and abuse. Professionals rarely witness child abuse, so they need to be alert to the indicators of physical, sexual, and emotional abuse in the children they serve. Treatment and prevention strategies can help break this cycle of anger, abuse, and ATOD use. Positive interventions include implementing family-based prevention and education programs that stress drug information, heightening awareness of service providers regarding drug use, and improving communication skills. Negative interventions, such as scare tactics, "saying no" campaigns, responsible use education, and conflicting prevention messages (e.g. designated driver, Mothers Against Drunk Driving) are not effective because they send mixed messages about alcohol and other drug use, do not provide positive substitutes, target too broadly, and often exaggerate or overmoralize. With greater understanding of the factors contributing to ATOD use and abuse and how to promote personal and community behavior changes, prevention and treatment programs will be more effective.

Family Development Resources, Inc., 3160 Pinebrook Road, Park City, UT 84098; (800) 688-5822 or (801) 649-5822/Fax (801) 649-9599. (1994, Order No. AAAH, 128 pp.; $20 + $7 p/h)

Bays, Jan

Substance abuse and child abuse: The impact of addiction on the child

The author points out a relationship between parental addiction and child abuse. He asserts that parental addiction can result in life-long, damaging, physical and emotional outcomes for children. The article looks at the numbers of children raised by addicted parents, the risk factors in these families that can lead to child abuse, and the effects of prenatal and postnatal exposure to drugs. Circumstances that seem to increase the risk of child abuse by drug abusing adults include: inadequate access to resources such as food and clothing, criminal involvement to support the drug habit, aggression associated with intoxication, mental and physical illness including AIDS, and poor parenting skills. A 1987 study in New York City of the relationship between substance abuse and child abuse found that half of the child abuse and neglect cases recorded were linked to parental substance abuse. Other studies indicate a correlation between parental neglect and substance abuse. The author calls for long-term planning to break the cycle of addiction and abuse. Service providers should strive to identify children at risk of abuse and neglect because of parental substance abuse, and provide treatment to addicted parents. They should also support legal reforms, and conduct additional research on the link between substance abuse and child abuse.

Pediatric Clinics of North America, August 1990, 37(4): 881–896

Child Welfare League of America

Children at the front lines: A different view of the war on alcohol and drugs

This report presents the findings of a 70-member multidisciplinary task force that reviewed the impact on children of addiction within the family and community. The commission examined the response of the child welfare system to substance-abusing clients, including adolescents and runaways, parents, and pregnant women. The report describes the child welfare system as fragmented and uncoordinated, with different services such as child welfare, ATOD treatment, and the courts often working against each other unknowingly. Task force members suggest that ATOD abuse be viewed as a threat to the child's safety and well-being. Policies should be child-centered and offer viable options for removing a child from the household. Recommendations include making children and their families the target of national ATOD prevention strategies through additional funding, providing universal health care and home-visiting services, and enhancing services for children by coordinating and educating personnel in the family court and child welfare systems about each other's roles.

Child Welfare League of America, c/o CSSC, P.O. Box 7816, Edison, NJ 08818-7816/Fax (908) 417-0482. (1992, 223 pp.; $14.95 + p/h)

Davis, Shoni K.

Chemical dependency in women: A description of its effects and outcome on adequate parenting

This article depicts the multiple stressors for pregnant and parenting ATOD abusers. It describes the context of perinatal abuse: its effects on children, families, and subsequent generations; how and why some women begin to abuse substances; and the role of men in women's substance abuse. Profiles of chemically dependent women, their parenting characteristics, and child-rearing outcomes contrast with characteristics of effective parenting. Studies illustrate how chemically dependent women are more likely to neglect rather than to physically harm their children. This suggests possibilities for recovery as well as non-punitive treatment strategies such as parenting skills development. The author recommends early planned interventions to prevent the social isolation and lack of economic and emotional development found in substance-abusing women and mothers. The education of both service providers and clients would assist this process.

Journal of Substance Abuse Treatment, 1990, 7(4): 225–232

Fenichel, Emily, Editor
Substance-involved young children and families

This special issue journal focuses on drug and health issues affecting infants. Topics range from prenatal exposure to recovery interventions for parents. Barbara J. Myers argues that the media has falsely presented a bleak picture of babies who are prenatally exposed to cocaine. She cites research indicating that the majority of these babies are not premature or of low birthweight. She suggests that the long-term effects on substance-exposed babies are unknown. Other contributors explore techniques to support recovering parents, the drug-abusing or recovering parents' relationships with their children, foster parenting of drug-exposed babies, peer support for service providers, treatment for drug-exposed infants and babies with fetal alcohol syndrome, and ways to advocate for tobacco control. The authors offer practical experience, personal vignettes, statistical information, and research findings.

Zero to Three, August/September 1992, 13(1): 1–39

Finkelstein, Norma
Treatment issues for alcohol- and drug-dependent pregnant and parenting women

This article highlights the need for women-focused and women-sensitive ATOD treatment services. Drawing on extensive experience with women in treatment, the author reviews some of the barriers that keep women from seeking treatment for their ATOD problems. While traditional ATOD treatment focuses primarily on the individual, few women have the time, space, or ability to concentrate on themselves given their multiple relationships and responsibilities for child care and family maintenance. Moreover, traditional treatment providers often adopt a confrontational approach that makes it difficult for women to respond positively. On the other hand, some treatment approaches have proven effective with women. These approaches are characterized by: (1) comprehensiveness—they address the full range of women's needs from child care and transportation to housing and medical care; and (2) sensitivity—they understand the root causes of addiction in women, including childhood physical and sexual abuse, a harried childhood where these women took over parenting roles and responsibilities from dysfunctional parents, and lack of achievement in school or in jobs. Finally, the author challenges the entire helping system to "provide treatment [for women] within a family context" by collaborating and coordinating services, not pitting the needs of children *against* those of women.

Health and Social Work, February 1994, 19(1): 7–15

Jones, Regnal; Manfredi, Clara; Mermelstein, Robin; Raju, Nambury; Thomas, Velma
The Head Start parent involvement program as a vehicle for smoking reduction intervention

The authors report that smoking rates among low-income women have recently increased—counter to an overall national trend. The article demonstrates how Head Start can help deliver ATOD prevention services to, and promote health among, children and families in low-income communities. It highlights the implementation and evaluation of a smoking cessation program geared to mothers of children participating in Head Start programs in Chicago. The program, included in the parent involvement component of Head Start, offers strong social support for the mothers and encourages and motivates participants to stop smoking. The program evaluation found that the support program had a positive impact on participants' smoking habits over a one-year period.

Family and Community Health, April 1994, 17(1): 1–12

Mayers, Raymond Sanchez; Kail, Barbara L.; Watts, Thomas D.

Hispanic substance abuse

The authors demonstrate the need for an intercultural approach to substance abuse intervention. They contend that only intercultural modes of intervention can be consistently effective in the Hispanic community. ATOD abuse is significantly different among the Hispanic cultures in America, and levels of acculturation and drug use also vary from generation to generation. Poverty, racism, stress, and family discord caused by immigration and acculturation all contribute to Hispanic ATOD abuse in America. Drug-related gang activity, crime, and the spread of AIDS characterize part of the new Hispanic community in America. Useful strategies for prevention and treatment must focus on intercultural understanding. Treatment for Hispanic ATOD abusers must be made culturally sensitive and dignified, as well as accessible. Prevention and treatment should consider: (1) the social stigmas associated with drug use for the Hispanic identity in America; (2) racial identity in low-income communities; and (3) the stress of family life. Family and traditional sex roles, especially, must be acknowledged in addressing Hispanic ATOD abuse in America. The authors describe prevention planning methods useful for service providers in any community.

Charles C. Thomas, 2600 South First Street, Springfield, IL 62794-9265; (217) 789-8980/Fax (217) 789-9130. (1993, 258 pp.; cloth $51.95, paper $30.95 + $5.50 p/h)

National Institute on Drug Abuse

Substance abuse among women and parents

This report analyzes the prevalence of substance-abusing behavior among parents and women of childbearing age using data from the 1991 National Household Survey on Drug Abuse (NHSDA) and Drug Abuse Warning Network (DAWN). It compares the characteristics of drug-using parents with those of all parents: marital status, age, employment status, income level, and educational attainment. The survey revealed that around five percent of parents use illicit drugs, and over 12.8 million children under the age of 18 live in a substance-abusing household. However, because of under reporting of drug use, these estimates are considered to be conservative. The data also reveal that people living with children in the household use drugs less frequently than those without children. Even so, 5.2 million parents reported frequent binge drinking. Women drug users are generally poorer than those who do not use drugs, and are more likely than others to be clustered in the most impoverished poverty category.

U.S. Department of Health and Human Services, Division of Children and Youth Policy, 200 Independence Avenue, SW, Room Y50G, Washington, DC 20201; (202) 690-6461/Fax (202) 690-5514; E-mail: lauraf@osaspe.ssw.dhhs.gov. (1994, 61 pp.; free; Executive Summary available on the WWW: http://aspe.os.dhhs.gov)

Reed, Beth Glover

Developing women-sensitive drug treatment services: Why so difficult?

This article describes the difficulty that women with substance-abuse problems face in trying to obtain appropriate treatment and assesses why little progress has been made in this area. Ten years of research reveals that women with ATOD problems are less likely to be identified and enrolled in treatment than men, and that the treatment they receive is often inappropriate. Based on a study of clients in 26 federally funded drug treatment programs, the author concludes that women receive less attention in programs that also serve men. She asserts that by the time a woman reaches treatment she is often dually addicted—to prescribed as well as recreational drugs—and she shows signs of depression, anxiety, and low self-esteem. She is usually a caretaker for one or more children. Despite these barriers, however, she is frequently more ready than a man to seek help. Changes in five areas of program planning and operation would increase the effectiveness and sensitivity of drug treatment services for women: (1) altering the agency's basic service mission and its implementa-

tion; (2) developing and maintaining a well-organized internal structure with women in positions of power; (3) selecting service methods that accommodate the needs of women; (4) initiating and implementing program changes; and (5) negotiating and mediating between agency and external groups to avoid isolation and to capitalize on opportunities for linkage and collaboration.

Journal of Psychoactive Drugs, 1987, 19(2): 151–154.

Smith, Vivian

Prevention primer: An encyclopedia of alcohol, tobacco, and other drug prevention terms

This easy-to-read reference offers program planners an effective way of retrieving information on ATOD prevention. The guide provides an A–Z overview of ATOD prevention issues for prevention practitioners (and others involved in ATOD prevention) who need accurate knowledge quickly. Information derives from CSAP's array of publications, summarizing historical prevention models, resources, and ATOD terms. References appear alphabetically on such subjects as "the environmental approach," the "National Clearinghouse for Alcohol and Drug Information," and alcohol and drug related terms like "binge drinking."

U.S. Department of Health and Human Services, Office of Substance Abuse Prevention. Distributed by National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20847-2345; (800) 729-6686 or (301) 468-2600/TDD (800) 487-4889/Fax (301) 468-6433. (1991, Inventory No. PHD627, 128 pp.; free)

Taylor, Carl S.

Girls, gangs, women, and drugs

The author asserts that in Detroit and other American cities, young poor women have become just as alienated from mainstream culture as young men, and they are increasingly participating in gangs. During interviews with African American girls and young women in Detroit's urban gangs, members describe their world of violence, fear, drugs, and anger. The women discuss their desire for power and wealth, their alienation from schools and other social institutions, and their experience with issues of gender, sex, drugs, and survival. Based on these interviews, the author realistically portrays the lives of many urban, low-income, African American women. The author suggests that "oppressive hopelessness" is the key factor in their deteriorating quality of life, and using or selling drugs plays a defining role in their daily struggle. He argues that these women, seen as the epitome of "American failure" by the general public, are more than just a stereotype. Perhaps America has failed them. Claiming that the "hip-hop" culture of the inner cities symbolizes the political decay of urban life, the author calls on policymakers to attend to the needs of these women who live without hope for their future.

Michigan State University Press, 1405 South Harrison Road, East Lansing, MI 48823-5202; (517) 355-9543/Fax (517) 432-2611. (1993, 217 pp.; $25 +$3.00 p/h)

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Conner and Burns; Garbarino, Dubrow, Kostelny, and Pardo; Levine

Early Childhood Programs, *See also* **Head Start**
Brady, Grollman, Posner, Lang, and Rosati; Committee on Prevention of Mental Disorders; Ford; Kropenske; Lecca and Watts; Larner; Levine, Murphey, and Wilson; Ooms, Cohen, and Hutchins; Pransky; Smith *(Two generation programs)*
Evaluation methods, for programs
Kumpfer, Shur, Ross, Bunnell, Librett, and Millward; Committee on Drug Abuse Prevention Research; Linney and Wandersman

Families
Arkin and Funkhouser; Barth, Pietrazak, and Ramler; Dickerson; Dunst, Trivette, and Deal; Elkind; Goetz; Griswold-Ezekoye, Kumpfer, and Bukoski; Kordesh; Kumpfer; Winn
Family Support, *See also* **Social Support Networks**
Allen, Brown, and Finlay; Dunst, Trivette, and Deal; Elkind; Hawkins, Catalano, and Miller; Kagan and Weissbourd; Kumpfer; Larner; National Crime Prevention Council *(Mission possible);* Wilmes
Fathers
Levine, Murphey, and Wilson; Levine and Pitt; Mincy; Ooms, Cohen, and Hutchins

Fetal Alcohol Syndrome
Fenichel
Funding
Hargrove, Daulton, Melner, and Shackelford

Gangs
Taylor
Grandmothers
Dickerson; Minkler and Roe
Grass Roots Organizing, *See* **Community Organizing**

Head Start
Carter and Oyemade; Collins and Anderson; Jones, Manfredi, Mermelstein, Raju, and Thomas; Kropenske
Health Care and Education, *See also* **Child and Family Health**
Hargrove, Daulton, Melner, and Shackelford; Pransky
Hispanic Americans
Arkin and Funkhouser; Goetz; Lecca and Watts; Mayers, Kail, and Watts
Historical Background
Dickerson; Mosher and Jernigan

Infants
Fenichel; Minkler and Roe
Inner Cities *See* **Urban Areas**
Intergenerational Issues
Center for Substance Abuse *(Keeping youth drug-free);* Dickerson; Minkler and Roe; Smith *(Two generation programs)*

Leadership, *See* **Community Organizing**
Legal Aspects
Conner and Burns; McMahon and Taylor; Neely and Grant

Marketing, of Alcohol Products
Jellinek and Hearn; McMahon and Taylor; **of Social Behavior,** Andreasen; **of Tobacco Products,** Committee on Preventing Nicotine Addiction in Children and Youths; McMahon and Taylor
Maternal Substance Abuse
Acuff, Spolarich, Andrulis, and Gerstein; Davis
Maternal Health, *See also* **Child and Family Health**
Davis
Media
Advocacy Institute; Arkin and Funkhouser; Center for Substance Abuse Prevention *(Making prevention work);* Chapman and Lupton; Neely and Grant; Wallack, Dorfman, Jernigan, and Themba
Men
Levine, Murphey, and Wilson; Levine and Pitt; Mincy; Ooms, Cohen, and Hutchins
Mentoring
Center for Substance Abuse *(Keeping youth drug-free);* National Crime Prevention Council *(Mission possible)*
Model Programs
Acuff, Spolarich, Andrulis, and Gerstein; Allen, Brown, and Finlay; Brady, Grollman, Posner, Lang, and Rosati; Committee on Drug Abuse Prevention Research; Committee on Prevention of Mental Disorders; Conner and Burns; Dunst, Trivette, and Deal; Ford; Fox and Forbing; Gardner, Green, and Marcus; Goddard;

Griswold-Ezekoye, Kumpfer, and Bukoski; Hawkins, Catalano, and Associates; Hargrove, Daulton, Melner, and Shackelford; Jellinek and Hearn; Kropenske; Kumpfer; Kumpfer, Turner, Hopkins, and Librett; Lecca and Watts; Levine, Murphey, and Wilson; Levine and Pitt; National Crime Prevention Council *(Creating a climate of hope);* National Crime Prevention Council *(Mission possible);* Ooms, Cohen, and Hutchins; Pransky; Smith *(Two generation programs);* Unger; Van Hasselt, Hersen, Null, Ammerman, Bukstein, McGillivray, and Hunter

Native Americans
Arkin and Funkhouser; Lecca and Watts;

National Organizations, Directory
Hargrove, Daulton, Melner, and Shackelford

Parenting/Parent Education
Allen, Brown, and Finlay; Carter and Oyemade; Center for Substance Abuse Prevention *(Keeping youth drug-free);* Davis; Elkind; Fox and Forbing; Garbarino; Jones, Manfredi, Mermelstein, Raju, and Thomas; Kropenske; Kumpfer; Levine and Pitt; Minkler and Roe; National Crime Prevention Council *(Bringing up a drug-free generation);* National Crime Prevention Council *(Mission possible);* National Institute on Drug Abuse; Pransky; Smith *(Two generation programs);* Wilmes; Winn

Planning
Andreasen; Committee on Prevention of Mental Disorders; Hargrove, Daulton, Melner, and Shackelford; Kretzmann and McKnight; Mayers, Kail, and Watts; Office of Substance Abuse Prevention; Pransky

Poverty
Dickerson; Garbarino; Garbarino, Dubrow, Kostelny, and Pardo; Kumpfer; National Institute on Drug Abuse

Pregnant Women
Acuff, Spolarich, Andrulis, and Gerstein; Davis; Child Welfare League of America; Finkelstein

Prenatal Care
Davis; Fenichel; Unger

Prenatal/Perinatal Exposure
Bays; Brady, Grollman, Posner, Lang, and Rosati; Davis; Finkelstein

Preschool Children
Brady, Grollman, Posner, Lang, and Rosati; Committee on Prevention of Mental Disorders; Lecca and Watts; Jones, Manfredi, Mermelstein, Raju, and Thomas

Preschool Education, *See* **Early Childhood Education**

Protective Factors, *See* **Resilience**

Public Health
Center for Substance Abuse Prevention *(Making prevention work);* Committee on Prevention of Mental Disorders; Mosher and Jernigan; Pransky; Wallack, Dorfman, Jernigan, and Themba; Wallack and Wallerstein

Resilience
Benard; Benson; Children of Alcoholics Foundation; Committee on Prevention of Mental Disorders; Dickerson; Garbarino; Garbarino, Dubrow, Kostelny, and Pardo; Gardner, Green, and Marcus; Hawkins, Catalano, and Miller; Kumpfer; National Assembly of National Voluntary Health and Social Welfare Organizations

Risk Factors
Benard; Benson; Committee on Prevention of Mental Disorders; Gardner, Green, and Marcus; Hawkins, Catalano, and Miller; Kumpfer; Lecca and Watts; Pransky

School-Based Services
Arkin and Funkhouser; Benard; Carter and Oyemade; Brady, Grollman, Posner, Lang, and Rosati; Collins and Anderson; Garbarino, Dubrow, Kostelny and Pardo; Fox and Forbing; Griswold-Ezekoye, Kumpfer, and Bukoski; Hawkins, Catalano, and Associates; Kropenske; Lecca; Levine, Murphey, and Wilson; Mincy; Ooms, Cohen, and Hutchins; Pransky

Self-Instruction
Carter and Oyemade; Center for Substance Abuse Prevention *(Keeping youth drug-free)*

Services Integration, *See* **Comprehensive Services**

Smoking, Prevention, *See* **Tobacco Use, Prevention**

Social Marketing
Andreasen

Social Policy
Bobo, Kendall, and Max; Child Welfare League of America; Dickerson; Join Together *(Leading from the ground up);* Kagan and Weissbourd; Levine and Pitt; McMahon and Taylor; Mincy; Minkler and Roe; Lecca, and Watts; Pransky

Social Support Networks, *See also* **Family Support**
Dickerson; Goetz

Statistics
Join Together *(Leading from the ground up);* National Institute on Drug Abuse

Stress
Bavolek; Elkind; Garbarino, Dubrow, Kostelny, and Pardo; Carter and Oyemade; Wilmes

Tobacco Use, Prevention
Committee on Preventing Nicotine Addiction in Children and Youths; Jones, Manfredi, Mermelstein, Raju, and Thomas; McMahon and Taylor

Treatment
Acuff, Spolarich, Andrulis, and Gerstein; Committee on Prevention of Mental Disorders; Finkelstein; Fox and Forbing; Reed

Urban Areas
Garbarino; Garbarino, Dubrow, Kostelny, and Pardo; McMahon and Taylor; Mincy; Taylor

Violence, *See also* **Domestic Violence**
Garbarino; Garbarino, Dubrow, Kostelny, and Pardo; Taylor

Youth Programs
Arkin and Funkhouser; Committee on Preventing Nicotine Addiction in Children and Youths; Committee on Prevention of Mental Disorders; Fox and Forbing; Goddard; Levine and Pitt; Lorion and Ross; Mincy; National Assembly of National Voluntary Health and Social Welfare Organizations; Pransky

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